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ON
THE MORBID APPEARANCES
EXHIBITED ON
DISSECTION
IN
DISORDERS
OF THE
TRACHEA, LUNGS, AND HEART,
&c. &c.



AN ACCOUNT
OF
THE MORBID APPEARANCES
EXHIBITED ON
DISSECTION
IN
DISORDERS
OF THE
TRACHEA, LUNGS, AND HEART,
WITH
PATHOLOGICAL OBSERVATIONS,
TO WHICH A COMPARISON OF THE SYMPTOMS WITH THE MORBID
CHANGES HAS GIVEN RISE.

By THOMAS MILLS, M. D.,
HONORARY FELLOW OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS.

“ Qu'est l'observation, si on ignore là où siège le mal? Vous auriez pendant vingt ans, pris du matin au soir, des notes au lit des malades, sur les affections du cœur, des poumons des viscères gastriques, &c., que tout ne sera pour vous que confusion dans les symptômes qui, ne se ralliant à rien, vous offriront nécessairement une suite de phénomènes incohérens. Ouvrez quelques cadavres, vous verrez aussitôt disparaître l'obscurité que jamais la seule observation n'auroit pu dissiper.”—*Bichat*, vol. 1. p. 51. *Anatomie Générale.*

DUBLIN :
FOR JOHN CUMMING, HODGES AND SMITH, AND J. M. LECKIE ;
LONGMAN, REES, ORME, BROWN, AND GREEN, LONDON ; AND
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INTRODUCTION.

IN my last work I published the result of my experience in Disorders of the Brain; and in conformity with the plan I there laid down, I proceed to the consideration of those next in order :—the disorders of the trachea, lungs and heart.

I need not remind the reader, that in conducting this investigation, the appearances on dissection have been made the ground-work of the opinions I have adopted, and of the practice I recommend ;—these appearances are set down in the words of the different surgeons who directed the examination.

The further I advance in this investigation, the more fully I am convinced that

morbid anatomy is the principal source of useful practical knowledge ; this enables us to trace the connexion between the sign and the morbid change ; between cause and effect :—the cultivation of this branch can alone exalt medicine to the dignity of science.

A review of the cases and dissections here detailed, leads to the conclusion, that the disease, whether of the trachea, lungs, or heart, was of an inflammatory nature ; the danger, therefore, of treating such cases as nervous or spasmodic, must appear obvious to every practitioner.

But, let me not be misunderstood ;—my object is the discovery of truth, and, while from facts I am compelled to maintain the inflammatory character of these diseases, I do not say that every disorder of the trachea, lungs or heart is inflammatory, nor am I an advocate for indiscriminate blood-

letting ; on the contrary, I would here repeat what I have already stated with respect to fever ; in some cases it is useless or injurious, while others only require the use of diluents, aperients, a low regimen and confinement. In fine, though these diseases are essentially inflammatory, and though a rational mode of treatment must therefore be based on this principle, yet, in order to give efficiency to our practice, it is necessary to *individualize*,—that is, to consider the particulars of every case, as the age, sex, and constitution ; the habits and previous ailments of the individual affected ; moreover, to take into account the nature of the season and climate ; of the prevailing epidemic, if any exist, and of the various influences, whether moral or physical, by which the patient is surrounded. Thus, while it is necessary to *generalize*, in order to practise medicine scientifically ; to practise it successfully, it is necessary to *individualize*.

ON THE
MORBID APPEARANCES
EXHIBITED ON
DISSECTION
IN
THE TRACHEA, LUNGS, AND HEART.

CYNANCHE TRACHEALIS.

THERE is no disease that demands a more prompt and vigorous employment of active remedies than Cynanche Trachealis or Croup ;—dangerous in its tendency, and rapid in its progress, it may prove fatal in a day, even in a few hours.

I have repeatedly met with cases of Cynanche Trachealis unaccompanied by that croupy noise in respiration, by which it is commonly distinguished, the practitioner therefore who waits for the presence of this supposed diagnostic symptom, may commit a radical error of great magnitude.

As far as my experience goes there is no such disease as spasmodic croup, or, croup unattended by inflammation—the contrary opinion appears to me pregnant with danger, as it leads the physician to trust solely to the employment of camphor, opiates, assafoetida, castor and other medicines called antispasmodic.

I would further remark, that in the children of some families there is a predisposition to the disease, which by a judicious regimen and proper remedies may be corrected.

CASE I.

ACUTE CYNANCHE TRACHEALIS, ACCOMPANIED BY
CYNANCHE TONSILLARIS, SUPERVENING TO
MEASELS.

MARY-STREET,

May 21, 1816.

MASTER G——, æt. 5, during the last four or five days was slightly feverish, yesterday morning the measly eruption made its appearance attended by tenderness of the eyes and a troublesome husky cough; this day great alarm was excited by the cough being at times accompanied by a sense of suffocation and by a noise resembling the crowing of a cock.—Pulse 126, strong; skin hot and dry, tongue foul, measly eruption in great quantity upon the face and chest, bowels free, deglutition not impeded, but often painful from a slight inflammatory affection of the fauces.

V. S. ad 3vi.

Mist. Cath. ex Infuso Sennæ
et Sulphate Magnesiz.

May 22nd. Relieved by the bleeding, blood dense and buffed; croupy cough and sense of suffocation frequently return; no expectoration, eruption copious; pulse 120; skin hot; tongue foul; three dejections, dark and yellowish.

CYNANCHE TRACHEALIS.

Hirud. xv. faucibus externis.
 Utatur balneo tepido.
 Mist. Emet. ex Antimonio
 Tartaris et P. Ipecac.
 Vespere.—En. Purg.

May 23rd. Copious discharge by the leeches, full operation from the emetic, croupy cough and sense of suffocation somewhat abated; inflammation of the fauces diminished; pulse 90, softer; skin cooler; tongue white.

Rep^r. Mist. Cath.

Eight o'clock P. M.—occasionally the croupy cough and sense of suffocation return; no expectoration nor difficulty of swallowing; pulse 100; skin hot and dry; two dejections, yellowish.

Emp. Canth. Faucibus ext^r.
 R. Calomelanos, gr. x.
 P. Antimon. gr. iv.
 Sacchari albi, gr. vi. m.

Et divide in partes quatuor sumatur pars una tertiis horis.

May 24th. Countenance swoln and livid; eyes staring; delirium, stupor, tossing of the arms, pulse 130, skin hot and dry; speech inarticulate; appearance of strangulation; abdomen tense.

Statim V. S. ad 3 viii.
 Mist. Emeto-Cath.

Eight o'clock P. M. Instantaneous relief from the bleeding, blood dense, croupy cough occasionally returns, but is gradually subsiding; pulse 104, skin hot and dry; scarcely any appearance of the measly eruption.

Repetantur Pulveres.

Emp. Canth. Nuchæ.

May 25th. Some rest; respiration more free; croupy cough much abated; pulse 98; bowels open.

Emp. Canth. fauc. ex.—foveantur crura; C^r. Pulv.

May 26th. No return of the croupy cough this morning; respiration free, no mercurial fetor of the breath, fever abated.

Cent^r. Pulveres.

Mist. Cath.

May 27th. Gradual amendment.

May 29th. Convalescent.

COMMENT.

WE have here a case of Cynanche Trachealis or Croup, accompanied by cynanche tonsillaris,

which occurred during the eruptive stage of measles—must not this be ascribed to the inflammatory action of the vessels of the cutis having been communicated to the fauces, and thence to the larynx and trachea? The eruption was copious and the fever high; suffocation was twice threatened, and as often relieved by blood-letting, cathartics and emetics, and by the application of leeches and blisters near to the seat of disease. Calomel and antimonial powder were prescribed, and fomentations were employed without any obvious benefit.

CASE II.**CASE AND DISSECTION OF CYNANCHE TRACHEALIS.**

ON Sunday morning the 8th March 1818, I was called on to visit Miss ———, æt. 26, Prussia-street, who, I was informed, was dangerously ill of croup :—on my arrival, the breathing was scarcely perceptible, Dr. Ogilby and Mr. Johnston, Temple-street, being present, the operation of bronchotomy was agreed on, and immediately performed, and the usual means to restore animation were employed, but without effect.

On dissection, the lining membrane of the trachea and bronchiæ was found inflamed, and covered with coagulable lymph and purulent matter, but the trachea was not blocked up as in Case III.

Three days previously to the death of this young lady, she complained of a slight cold and some difficulty of swallowing; the day following, of pain in the region of the trachea, and of labo-

rious respiration which gradually increased accompanied by a peculiar noise resembling croup, until it terminated in death. Leeches were applied to the external fauces, and cathartics and saline medicines were exhibited.

CASE III.

CASE AND DISSECTION OF ACUTE CYNANCHE TRACHEALIS.

NECKLENBURGH-STREET,
March 31, 1823.

MISS W——, æt. 6, a lively, healthy child, was this morning attacked with a troublesome croupy cough attended with pain in the region of the trachea, with difficulty of breathing, fever, loss of appetite, languor and oppression; as the day advanced the breathing became more laborious, and the cough more frequent—the expectoration was scanty and mucous, the lips became livid, the face was alternately darkly flushed or deadly pale, the eye lost its lustre—about six o'clock P. M. when I was called on, the fits of coughing had become more violent and the respiration more oppressed, at times the child cried out that she was suffocating, and with an anxious and wild expression of countenance suddenly applied the hand to the neck.

Death took place at ten o'clock P. M. about twelve hours from the commencement of the attack.

DISSECTION,

BY MR. M'NAMARA, ASSISTED BY MR. AUCHINLECK.

April 1, 1823.

THE inferior portion of the trachea was covered with a thin cream-colored purulent matter, its superior portion was completely obstructed by coagulable lymph, part of which had begun to put on the appearance of an adventitious membrane, the entire mucous coat had a preternaturally vascular appearance.

Bronchiæ, lungs and heart, sound.

Here indeed, we are presented with a rapidly fatal case of Cynanche Trachealis or Croup, where life was destroyed in the course of twelve hours.

Had an emeto-cathartic mixture been administered at the moment the child first complained, had blood-letting, general and local, been employed, had blisters been applied and the hot bath been resorted to, might not this patient have been saved? As in so violent a case there is scarcely time for a common blister to act, would we not be justifiable in applying boiling water to

the external fauces or any acrid or caustic fluid that would act instantaneously?—Here, unhappily, the only medicine administered during the morning, was castor oil; in the evening medical advice was called for, but the power of swallowing and breathing was now become nearly extinct, the scarificator, leeches and boiling water were applied to the external fauces, and the hot bath was employed; but, all these attempts were fruitless, for effusion had taken place into the trachea, and the air could not enter the lungs. The dissection proved highly satisfactory, it is illustrative of the seat and nature of the complaint, and points out the remedies to be employed for its cure.

This specimen of the disease was presented by Mr. Auchinleck to the College of Surgeons,

What is remarkable, a younger child of the same family died of Croup about a year ago, two children still live, one of whom, a girl seven years old; has had repeated but slight attacks of the same complaint which have yielded to aperients and the hot bath.

CASE IV.

CHRONIC CROUP CURED BY THE USE OF THE TARTAR
EMETIC OINTMENT.

HARDWICKE-STREET,
March 18, 1822.

MASTER S——, æt. 8, says his throat is sore, and that he feels as if pins and needles were sticking in it: there is hoarseness and cough, some difficulty of breathing and palpitation of the heart; the pulse is frequent and irregular, the face bloated and the skin hot; the eyes are prominent and suffused and the fæces yellowish.

Yesterday, the nurse was alarmed by the croupy noise which attended the cough, and which was accompanied by laborious respiration, lividity of the face, stupor and great prostration of strength.

For several weeks past this child has been subject, on exposure to wet or cold, to cough, hoarseness, dyspnœa, and inflammation of the tonsils.

Emetics, cathartics, and the hot bath have been employed with considerable advantage.

Hirud. vj. faucibus ext.

Hab^t. Cal. gr. ij. 4^{tis}. horis.

March 13th. Copious discharge followed the application of the leeches, says his throat is easier, breathing and cough relieved, no expectoration.

Cont^r. Cal.

March 21st. Last night there was a return of the croup accompanied by lividity of the face, a labouring of the heart, and by oppressed respiration; the forehead, neck and chest were bedewed by a cold clammy perspiration. This paroxysm lasted about ten or twelve minutes, and was relieved by an emetic and the tepid bath.

Vesic^m. faucibus ext.

Mist. Cath.

March 23rd. No return of the complaint, cough and hoarseness, able to run about, says his throat is sometimes sore, dejections, yellow; pulse 96; tongue foul.

Cal. gr. ij.—4^{tis}. horis.

Mist. Cath.

March 26th. Yesterday there was a return of the paroxysm unaccompanied by the croupy noise; fever, shooting pains in the throat.

Hirud. x. faucibus ex.

Omitt^r. Cal.

March 29th. No paroxysm, cough, hoarseness and mucous expectoration.

Vesic^m. faucibus ex.

Rep^r. Mist. Cath.

April 3rd. Gradual amendment.

April 16th. Has been exposed to the N. and N. E. wind—yesterday morning was unusually hoarse, coughed much throughout the day; was heavy and feverish in the evening when a paroxysm came on so violent as to threaten life; blood was abstracted from the jugular vein, the hot bath was employed and the emeto-cathartic was exhibited; this paroxysm lasted about fifteen minutes, and was not accompanied by the croupy noise.

R. Extr. Opii. Aquosi gr. v.

Submur. Hydr. ℥i. ʒ. fʒ.

Pil. x.—Sum^t. un. Nocte Maneque

Vesic^m. faucibus ext.

Baln. tepid. omni nocte.

April 20th. Breathing often oppressed, face livid, better rest, temperature of the skin more equable.

Cont^r. Pil. et Baln. tepid.

April 26th. To-day, in consequence of ex-

posure to cold and wet, became feverish, and had a slight attack attended by the croupy noise.

Admov^r. faucibus ext.

Ung. ex Antimonio Tart.

Omitt^r. Pil.

May 6th. Considerable eruption and copious discharge by the antimonial ointment; breathing more easy.

Mist. Cath. p. r. n.

May 13th. Copious discharge from the external fauces; no return of the paroxysm; bowels open; respiration more natural.

May 13th. Slight return of the paroxysm last night, which was speedily removed by an emetic; discharge from the fauces, produced by the application of the antimonial ointment.

May 30th. Daily improvement of the health. Recommended to the country.

June 14th. Breathing almost natural; the ointment is occasionally applied to support the discharge.

July 2nd. Is now making a trial of sea-bathing; the discharge has ceased.

August 27. Appears to have been strengthened by the sea-bathing; in the enjoyment of good health.

COMMENT.

THE case of chronic croup here detailed was of several months duration; occasioned in the first instance by exposure to cold and wet, it was subsequently induced by sudden vicissitudes of the weather, a cold and moist, or a hot and moist atmosphere, by N. E. winds, repletion, &c. Hoarseness and dyspnœa in a greater or less degree, with a wheezing noise in respiration were always present, attended by a cough, commonly dry, but sometimes mucous: the croupy noise did not accompany every paroxysm; the pulse was always above the natural standard, at times, very frequent, often irregular and intermitting; the action of the heart was frequently oppressed and irregular; the brain, at different periods, participated in the disordered actions of the vascular system, indicated by head-ach, stupor, delirium and coma; the voice was usually weak, at times, scarcely audible; the senses, though occasionally sharpened, were commonly blunted, and sometimes depraved; the præcordial anxiety was often

great and distressing, and the danger of suffocation imminent. There was great variety in the temperature and condition of the skin, at one time cool and constricted, at another hot and moist, or cold and moist; the complexion varied in the absence of the paroxysm, but during its continuance was livid, or deadly pale; the countenance, while the paroxysm was present, expressed deep anxiety and anguish of mind; the tongue was foul and yellowish, denoting irregular actions of the stomach and biliary organ; the appetite was usually bad, occasionally voracious, there was thirst, the bowels were constipated, and their contents, yellow or greenish; the urine varied, turbid, high colored, often scanty, depositing a lateritious or pink-coloured sediment, and most, if not all the symptoms here enumerated, will be found, with some varieties, the almost uniform concomitants of the complaint.

In the mode of treatment different remedies were employed at different periods; the most effectual during the paroxysm were blood-letting, emeto-cathartics, and the hot bath—active aperients were often required, and they always proved serviceable; from a combination of calomel and opium, much benefit was also derived; it was, however, to the use of the tartar emetic ointment

that the disease finally gave way ; this was applied to the external fauces, and the pustular eruption thus produced was great, and the subsequent discharge, copious ; so great indeed was the inflammation and ulceration, that it became necessary to poultice for several days the external fauces :—since the application of the ointment there has been no return of the complaint, whereas, previously it returned every fortnight or three weeks :—it would appear then, as far at least as regards the case before us, that the counter-stimulus, and the long continued discharge thus excited, made a permanent impression on the disease, and totally changed the morbid condition and mode of acting of the internal vessels, which consequently resumed their wanted healthy actions ;—now, as in three other similar instances, the same favourable result followed the use of this unguent, it may deservedly be ranked among the most valuable remedies for the cure of chronic croup, at the same time I am ready to acknowledge from experience, that like all others, it must, for obvious reasons, fail to produce the desired effect.

CASE V.

A CASE OF RECOVERY FROM CHRONIC CROUP.

WERBURGH-STREET,
Feb. 16, 1823.

MASTER C——, æt. $2\frac{1}{2}$, during the last two months has been subject to repeated attacks of croup, having been left sitting by a careless servant on a damp floor. The fits often come on by day without any apparent cause, and as often by night; there is little cough and no expectoration, and there is frequently a wheezing noise in respiration; the fits commonly last from a few seconds to two minutes; during their continuance the prominent and urgent symptom is the sense of suffocation;—the child appears as if it were suffering from strangulation—a sudden cry or scream announces its approach, the expression of countenance is that of dread or fright, in a moment the voice becomes faint and suddenly dies away, then the mouth is thrown wide open, the lips become pale and livid, the eye-lids are distorted, the eye-balls roll, the pupils are dilated, the muscles of the face, body, and extremities, are for a few seconds convulsed, and then apparently

paralyzed ;—death seems about to close the scene when the air again enters the lungs, and resuscitation follows, accompanied by great anxiety, palpitation of the heart, and by moans, sighs, and cries. The croupy sound does not accompany every fit ; sometimes it occurs on inspiration, and sometimes on expiration. The bowels are usually confined, and the fæces often of a dark or greenish hue ;—the urine, at one time, is whitish, at another, natural ; perspirations are frequent and partial, the appetite is tolerable, and the complexion pale. A blister has been applied to the external fauces, and castor oil has been administered.

Hirud. iv. faucibus ex.

Balneum tepid.

Mist. Emeto-cath.

Feb. 27th. The remedies of yesterday have afforded considerable ease ; four fits within the last twenty-four hours, but less violent than usual ; pulse frequent and irregular, wheezing noise in respiration, skin hot.

Vesic^m. faucibus ex.

Mist. Emeto-cath.

Feb. 28th. One fit only since yesterday ; vomiting and purging by the mixture ; expression of countenance more natural ; mucous expectora-

tion produced by the vomiting ; skin hot ; pulse frequent.

Hirud. iii. faucibus ex.
 ℞. Calomelanos.
 Pulv. Jacobi.
 Sarchari albi āā. gr. vj.
 ℥. et divide in partes sex.
 Sumatur pars una tertiis horis.
 Habeat Balneum tepid.

March 1st. Three slight fits since yesterday ; hissing noise in respiration, sometimes accompanied by the croup ; bowels open ; fever abated.

℞. Pulv. et. Baln. tepid.
 Vesic^m. faucibus ex.

March 4th. Two slight fits since my last visit ; skin soft, and of an equable temperature ; no wheezing noise in respiration ; copious discharge by the blister.

Mist. Emeto-cath.
 Habeat Baln. tepid.

March 7th. One mild fit since the last report ; respiration free ; the discharge from the external fauces continues by the application of the savin ointment.

Cont^r. Pulveres et
 Mist. Emeto-cath.

March 12th. No fit.

Omitt^d. Med.

March 18th. Convalescent. This patient was visited by Mr. Dyas, Castle-street.

COMMENTARY.

A spasm of the larynx or trachea, or of both, accompanies most cases of croup, and in many instances, the danger is in proportion to its duration and the degree of its intensity. The spasms are induced by inflammation of the lining membrane of the windpipe, and their mildness or violence commonly depends on its degree and extent;—to this general rule, however, there are exceptions, for in one post mortem examination, at which I was present, the marks of inflammation were not unusually striking, yet the spasms were urgent, and apparently caused the death of the patient.

In the case now before us the spasms were violent, and often threatened suffocation;—that they were caused by inflammation may be inferred from the good effects of evacuants and counter irritants.

Cases of croup, so violent, and of such long duration, seldom terminate so favourably ; but, let it be remembered, that in all such instances relapses are frequent ; the practitioner is therefore called on to recommend the employment of those measures which are most likely to obviate their recurrence, as the establishment of a drain in the external fauces, a mild, pure, dry atmosphere, a proper regimen, and the use of medicines calculated to preserve a healthy state of the secretions.

CASE VI.

A CASE OF CYNANCHE TRACHEALIS, SUPERVENING
TO MEASLES.

HOLLES-STREET,
Dec. 18. 1821.

MISS G ———, æt. 9. On the 16th instant, the measly eruption accompanied by a high degree of fever, made its appearance on the face and extremities; yesterday the body was covered with the eruption, the face was swelled, and of a dark red, the eyes were inflamed, the cough was dry and troublesome, attended by difficulty of breathing, hoarseness, stupor and delirium: this morning the breathing was so oppressed as to threaten suffocation; the face was livid and bloated; the pulse fluttered; there was palpitation and coma, and at times, a wheezing, hissing, or croupy noise was heard on inspiration. Ten ounces of blood were taken from the arm, twelve leeches were immediately applied to the external fauces; the patient was then immersed in a hot bath, and an emeto-cathartic was administered.

Dec. 19th. Relief was procured by the general and local blood-letting and the hot bath; but

the paroxysm did not subside before the full operation of vomiting and purging :—the measly eruption on the face is considerable, the lips, gums, palate, and internal fauces are of a deep red colour; pulse 130, strong and irregular; head-ach, præcordial oppression and dyspnœa; pain and great heat referred to the region of the larynx and trachea; pressure of the larynx causes considerable uneasiness; troublesome cough, attended occasionally by mucous expectoration of a light yellow; hoarseness, low delirium and stupor: although the breathing is hurried, yet sometimes no peculiar noise is made on inspiration or expiration, while at others, there is a whistling, hissing, or croupy sound, irregular and intermitting, as if air were gushing through a small reed, varying in diameter, and which was occasionally compressed for a moment :—tongue red at its edges, in the centre of a yellowish brown; fæces yellow, urine high colored.

Detrahantur Venæ Jugulari

Sanguinis Uncie octo.

℞ Infusi Sennæ Unc. iv.

Scammonii, ʒss.

Antimonii Tartarisati, gr. iij.

Sacchari Albi, ʒl.

Tincturæ Jalapæ, ʒiij. ℥.

Sum^t. Coch. Amp^m. alternis horis dona evomuerit vel soluta sit. Alvus. Habeat balneum tepidum.

Dec. 20th. Full operation by vomiting and purging from the mixture ; blood buffed and sizy, breathing more free, cough less troublesome, fever abated, soreness in the region of the larynx and trachea continues ; eruption begins to decline ; occasionally stupor and head-ach.

Hirud. viij. faucibus ext.

Rep^r. Mist. Emeto-cath.

Dec. 21st. Last night there was a return of the sense of suffocation, unaccompanied by the croupy or any peculiar noise ; it lasted about twenty minutes, and was relieved by the mixture and the hot bath ; pulse 106, strong and irregular ; palpitation of the heart ; breathing oppressed ; pricking pains, or a sense of heat in the upper part of the trachea and in the larynx ; skin hot and dry ; teasing cough ; mucous yellow expectoration ;—during the paroxysm of last night the face and chest were bedewed with a cold clammy moisture.

V. S. 3viiij. Vesic^m. faucibus ex.

R Calomelanos, ʒi.

Ex. Opⁱi Aquosi, gr. iiij. ʒ.

F^t. pil. octo—Sum^t. un. 4^{ti}s. horis.

Dec. 22nd. Blood slightly buffed ; hoareness, cough and breathing relieved ; internal soreness in the trachea and larynx removed ; mucous

yellow expectoration ; pulse 84, soft and regular ; skin moist and warm ; bowels confined.

Rep^r. Pilulæ—Mist. Cath.

Dec. 24th. Breathing, occasionally much oppressed, but no return of the paroxysm : yesterday there was a slight return of the soreness in the larynx ; better appetite ; bowels free.

Cont^r. Pilulæ.

Dec. 27th. Gradual amendment.

Dec. 31st. Sent to the country.

COMMENTARY.

CROUP, in this instance, was occasioned by measles ;—the inflammation of the face, which was great, seemed to spread to the lips, gums, palate, and fauces, and thence to the larynx and trachea. This disease, inflammatory in its nature and seated in parts, so essential to life as the larynx and trachea, requires the most active and decided practice to arrest its progress ; not an hour should be lost, in a few minutes respiration may be suspended, and the vital spark extinguished for ever, owing to a partial or total obstruction to the ingress of air to the lungs.

In the post mortem examinations at which I have been present, I have found the bore of the larynx or trachea, or of both closed, from adhesion, but much more frequently from the effusion of coagulable lymph, or, where the passage was not blocked up, the same matter was found in large quantity in the bronchiæ.

Blood-letting, general and topical, blistering, emetics, cathartics, and the hot bath are the proper remedies, and they should be employed in quick succession. In the first instance, blood should be taken from the jugular vein or arm, leeches are then to be applied to the external fauces, an emeto-cathartic is to be immediately exhibited, and as soon as possible, the patient is to be immersed for fifteen, thirty, or forty minutes in a hot bath, during which time the bleeding is to be encouraged from the orifices made by the leeches:—if these remedies fail to produce relief, a blister is to be applied to the external fauces, or what is more efficacious, boiling water, which often arrests the progress of the disease when employed at its onset: after depletion, calomel and opium should be given in large or small quantity, as may be deemed requisite, or they may be combined with James's Powder, a combination which, in some cases proves eminently useful by equaliz-

ing the circulation, and exciting the action of the cutaneous vessels ; still, however, it is to be kept in mind that these are but auxiliaries to the first mentioned remedies, which, on every return of the paroxysm, must be again resorted to without loss of time.

It appears from the history of this case that the whoop or croup by which the disease is denominated, may not be always present even during the severest paroxysms ; the practitioner aware of this fact will not wait for the supposed diagnostic symptom,—when the breathing becomes suddenly oppressed and laborious, when the face is livid or deadly pale, accompanied by palpitation of the heart and a frequent, hard, irregular pulse, by stupor, delirium, a fixed vacant look, and an anxious expression of countenance, he will be satisfied, the disease exists in all its violence, and will take his measures accordingly.

It is to the seat of the inflammation, and not to any variety or modification of the disease that the croup is to be ascribed, and, from the dissections I have witnessed, I am led to think that this noise occurs most frequently when the inflammation is situated in the upper portion of the larynx, properly the seat of voice, the muscles of

which are readily thrown into irregular convulsive motions, in which case the disease is still more formidable, because here spasm is super-added to inflammation.

CYNANCHE MALIGNA.

Feb. 1, 1825.

MR. W. N——, æt. 14, in consequence of exposure to cold and wet, was attacked with superficial ulceration in the right tonsil, accompanied by a low degree of fever and general indisposition, a mild aperient was administered, and as the patient was able to go abroad, little attention was paid to these ailments: the ulceration gradually spread throughout the fauces, and assumed a dark livid appearance with irregular edges, accompanied by head-ach, heat of skin, frequency of pulse, foul tongue, loss of appetite and difficult deglutition; this was about the 6th or 7th day of the attack.

A borax gargle, bark and wine, a saline aperient, and the inhalation of the vapour of boiling water and vinegar were recommended.

On the 9th there was acute pain in the upper portion of the sternum attended by cough and

difficult respiration, and no amendment had taken place in the character of the ulcer.

Ten ounces of blood were abstracted from the arm, the bark and wine were omitted, and a saline purgative was exhibited ; on the day following, the tenth of his illness, the chest was considerably relieved, the febrile symptoms gradually subsided, and from this period the ulceration in the tonsils began to assume a more healthy aspect : rubefacients were applied to the external fauces, the borax gargle was continued, and the aperient was frequently administered : under this treatment and a low regimen the patient was able to leave his room on the 18th day of the attack.

Here cynanche tonsillaris, put on the character of cynanche maligna, it was not checked by the remedies first employed, the inflammation spread from the tonsils to the mucous membrane of the bronchiæ and lungs, to cure which it was necessary to take blood from the arm ; immediately afterwards the ulcerated surface looked more healthy, although previously, the local and general remedies employed had failed to produce any good. From this case then we may infer that under certain circumstances and in peculiar constitutions, cynanche maligna may demand the

employment of blood-letting and aperients, in the present instance it originated in inflammation, and attacked a young and sound constitution, but in the old and debilitated, in habits worn out by intemperance, or, at the close of tedious illnesses, we shall find, for the most part, that recourse must be had to wine, bark, cordials, and a light nutritious diet, but, even in such cases it is absolutely necessary to keep the bowels open, to attend to the state of the secretions, and often to apply leeches and blisters to the external fauces.

Here I would remark, that venesection was practised solely with a view to the relief of the pectoral affection, its good effects on the ulcer in the tonsils were altogether unexpected, and it is probable that had it been used earlier, it would not only have checked the progress of the ulceration but prevented the spreading of the inflammation to the chest ; in confirmation of which opinion I shall give the following details.

Six days after the commencement of this young gentleman's illness, his sister, ten years old, was attacked in a similar manner with an inflammatory ulcerated sore throat and fever. I saw her on the third day of her indisposition, when eight ounces

of blood were abstracted from her arm, and a brisk emeto-cathartic was prescribed, which operating fully on the stomach, bowels and skin, at once arrested the progress of the complaint, and in three days she was able to leave her chamber. A second sister, nine years old, laboured under the same disorder which was cured in the course of four days by the abstraction of eight ounces of blood, and the daily use of a saline aperient. A second brother of the same family was likewise attacked, he was about twelve years old, full and plethoric, at the onset his mother gave him a full dose of epsom salt, which acting briskly as an emeto-cathartic and also as a sudorific, cut short the disease in twenty-four hours.

In these three patients the convalescence was rapid, and no bad effects followed, save a slight inflammation of the tunica adnata of both eyes in the elder of the two girls, whereas in the boy first attacked, cough and hoarseness, accompanied by an irregular fever, supervened, which, at one time, threatened to terminate in phthisis pulmonalis: is it not therefore of vital importance, in all acute cases, to be decisive in our practice, and to arrest, if possible, diseased actions at their commencement?—many lingering illnesses, many fatal terminations may thus be obviated.

The ulcerated sore throat, which, like the putrid malignant fever, was formerly so frequent and fatal, and so much dwelt on by past writers, is now a disorder, comparatively speaking, rarely met with. Is not this to be ascribed to the more enlightened views we at present take of disease in general, and the consequent improved mode of treatment, whereby inflammation is checked at its commencement, and its progress towards the ulcerated and malignant stages arrested ?

If it be now asked, why, in treating of the different disorders which form the subject of these disquisitions, I have not adopted the terms, " excitation, increased action, accumulation or determination of blood," &c. usually employed, but have spoken of them as different degrees of inflammation ; my answer is, because this is a word universally understood, because it, at once, points to the proper, that is the anti-inflammatory mode of treatment ; and thus we are enabled to dispense with those other numerous denominations, which often tend to perplex and embarrass the practitioner.

It is generally supposed, that some species of cynanche differ essentially from the rest ; but, from the cases here detailed, and from many

others I have witnessed, I am led to conclude that cynanche in its nature is always inflammatory, and that its varieties depend on the seat of the inflammation, on constitution, climate, the state of the atmosphere, and on the exciting and predisposing causes.

DISEASES

or

THE LUNGS.

ON a review of the following cases and dissections, I find that ossification of the cartilages of the ribs and chronic inflammation of the heart and of the lining membrane of the bronchiæ and lungs are frequently detected in the bodies of those who laboured under asthma ; and that a collection of a watery fluid in the pericardium is often found to accompany an obstruction of the lungs, even where the heart and pericardium are not diseased.

These and other cases and dissections likewise inform me that hydrocephalus often supervenes to an impeded circulation in the lungs or heart : this is a valuable fact, inasmuch as it may serve to direct the attention of the practitioner to the first symptoms of morbid action in the brain.

In more than two or three cases where the right lung was extensively diseased, it has been discovered that pulmonary symptoms were mistaken for hepatic; and, in one instance a disorder of the colon was mistaken for a disease of the liver. The detection of these errors is highly important; it will induce us to pause a little before we decide on the seat or nature of the complaint, or prescribe a medicine which may possibly prove injurious.

Many of the cases of diseased lungs here detailed were accompanied by symptoms of angina pectoris; in one only the coronary arteries were ossified, in two, the foramen ovale was found open.

Here I beg leave to remark, that cases of phthisis pulmonalis often arise, which call for a generous diet and a moderate quantity of wine; in proof of which, I give two cases that came under my care during the last year:—in the latter stages of this disease, when the body is weak and emaciated, a sedative regimen and sedative remedies are detrimental, and when we look at the unhealthy and schirrous condition of some ulcers in the lungs, it is clear that such a plan, by

lowering the tone of the constitution, must shorten the life of the patient.

Connected with one of the cases is a dissertation on a disease usually styled tubercular, but which I have denominated lymphatic phthisis, on the ground of its being a disorder of the lymphatic vessels and glands of the lungs.

CASE I.

CASE AND DISSECTION.—LUNGS HEPATIZED, UL-
CERATED AND SEMI-CARTILAGINOUS,—EXTRA-
ORDINARY ENLARGEMENT OF THE STOMACH
AND COLON.

RUSSELL-PLACE,
Sep. 10, 1817.

MR. S——, æt. 42, very corpulent; accus-
tomed to indulge in the use of fermented liquors,
and in the pleasures of the table.

Complains of cough and dyspnœa, of pain and
sense of weight in the left side, stretching towards
the back; pulse 104, of tolerable strength, tongue
yellowish, thirst, restlessness.

V. S. \mathfrak{z} vij. Pil. Cath.

Sept. 11th. Relieved by the bleeding; blood
buffed; three dejections, dark colored; urine
turbid, shiverings, pulse frequent and strong,
pain in the left side.

Vesic^m. Lateri sinistro.
Mist. Scillæ.

Sept. 14th. Pain and sense of oppression in

the left side, dyspnœa and palpitation, cough and purulent expectoration.

V. S. ʒxij. Mist. Cath.

Sept. 18th. Says he is much better, and able to go abroad.

Pil. Cath. p. r. n.

Sept. 23rd. Has caught cold, pain in the left side, accompanied by oppression and palpitation of the heart, face flushed, high fever.

V. S. ʒxij. Mist. Cath.

Sept. 24th. Relieved, blood buffed ; two dejections, yellowish ; urine lateritious ; pulse softer and less frequent.

Vesic^m. Lateri dol.

Mist. Scillæ.

Sept. 27th. Somewhat easier, cough troublesome, expectoration purulent ; irregular fever.

Visic^m. inter. Scap. Pil. Cath.

Sept. 30th. Pain in the side abated, but the sense of weight and oppression continue ; wishes to make trial of country air and asses milk.

Oct. 6th. Feels a return of his complaints, accompanied by spasms of the lungs and legs, and

a numbness and weakness of the lower extremities.

Visic^m. Lumbis.

M. Camphor. e. Tinct. Opii.

Oct. 8th. Complains of a numbness of the abdomen, and of an inability to expel the fæces and urine; disturbed rest; irregular fever; orthopnœa.

Visic^m. Sterno.—V. S. $\frac{3}{4}$ vij.

Pil. Cath. cum Cal.

Oct. 10th. Dysuria, no sense of feeling, nor power of motion of the lower extremities, orthopnœa, expectoration scanty and purulent; partial perspirations, frequent vomiting.

Rep^r. Pil. et Mist. Scillæ.

Oct. 13th. Restlessness, præcordial oppression, orthopnœa, hectic fever, involuntary dejections.

Cont^r. Med.

A mustard vomit.

Oct. 16th. Hiccup; little alteration in the symptoms.

Cont^r. Med.

Oct. 19th. Expectoration diminished, sense of internal heat, desire for cold water, extremities

cold, sense of oppression and tightness of the chest ; pulse feeble, features collapsed.

Oct. 21st. Died this morning ; did not complain, throughout the course of his illness, of any affection of the head.

Oct. 22nd. Dissection by Mr. M'Namara, assisted by Dr. Adams.

Colon,—considerably distended with air ; it is about five inches in diameter, and its coats are thicker than natural.

Stomach,—about five times its usual size ; it descends below the umbilicus.

Spleen,—so soft as to break down into a pulp on being handled ; its internal substance is of a claret colour.

Bladder,—coats thickened ; a stricture an inch in length is discovered in the urethra.

Between the skin of the abdomen and the peritoneum the fat is three inches in thickness.

Omentum,—loaded with fat.

Lungs,—Fleshy and in some parts firm; the bronchiæ are lined with a thickish yellow fluid: towards the posterior inferior portion of the right lung are found some calculous concretions. The root of the lobe of the left lung is adherent to the pericardium and mediastinum; this portion of the lung has the appearance of a whitish tumour larger than an orange, which, on being cut into, is of a semi-cartilaginous texture and contains numerous cells and tubercles filled with purulent matter;—on examination it would appear that the diseased action was extending into the contiguous substance of the lungs, which is more firm and fleshy than any other part.

Pericardium,—adherent to the diaphragm, and contains about four ounces of serous fluid.

Heart,—of a natural size and appearance, the root of the semilunar valves of the aorta is thickened.

About half a pint of serous fluid is found in each cavity of the chest.

OBSERVATIONS.

AT the commencement, and almost throughout the entire course of the attack there was pain in the left side, about the sixth rib, stretching towards the back, this symptom was accompanied by cough, dyspnœa, præcordial oppression, purulent expectoration, and often by a sense of weight or tightness in the inferior portion of the thorax ; on examination, a part of the left lung was found firm and fleshy, and a part, cartilaginous and filled with tubercles, and purulent matter was adherent to the pericardium and mediastinum ; there was, moreover, a large quantity of serous fluid in the pericardium and in both cavities of the chest ; these appearances are sufficient to account for the symptoms above stated, and also for the hectic fever and orthopnœa. The patient was for many years before his death subject to habitual dyspnœa, was not this owing to the fleshy state of a large portion of the lungs ? and was not this condition of the lungs one step towards their conversion into cartilage ? in support of this opinion I would observe, that in that portion of the lungs immediately contiguous to the diseased cartilaginous mass, were numerous whitish striæ, and here it was more firm and fleshy than

in any other part. The diseased state of the lungs now mentioned, by impeding the free circulation of the blood must necessarily have occasioned an increased secretion into the chest and pericardium, hence the palpitation, præcordial oppression, sense of tightness in the region of the diaphragm, &c.

The stomach and colon were about five times their natural size, the appetite of this patient, was at times, almost insatiable.

What may have been the cause of the numbness of the abdomen and the paralysis of the bladder and lower extremities? Affections of this nature most commonly arise from a disordered condition of the spinal column or brain; unfortunately an objection was made to the examination of these parts. The spleen was soft, pulpy and claret-colored, as it is often found in dram drinkers.

This patient was visited by Drs. Percival and Adams.

CASE II.

CASE AND DISSECTION.—INFLAMMATION OF THE LINING MEMBRANE OF THE LUNGS, OSSIFICATION OF THE CARTILAGES OF THE RIBS, CEREBRAL EFFUSION.

DAME-STREET,
Dec. 2, 1816.

MR. S—æt. 54, complains of cough, dyspncea, palpitation of the heart, pain in the sternum, restlessness and extreme languor; tongue foul and yellow, pulse 110, strong; skin hot and moist; expectoration copious and purulent; bowels open; urine turbid. This gentleman is of a delicate frame, is sallow and emaciated, and, during the last ten years has been subject to frequent and violent fits of asthma, which terminate by copious gross expectoration.

V. S. \mathfrak{z} viii.—Mist. Sal.

December 3rd. Relieved by the bleeding, blood buffed, crassamentum not tenacious; restlessness; pectoral affection nearly as yesterday, bowels constipated, slight head-ach, pulse 108, of tolerable strength.

Pil. ex Cal. et Ex. Col. C.

Vesic^m. Sterno.

Mist. Sal. cum Tinct. Scillæ.

December 4th. Three dejections, yellowish, urine turbid, pain of chest removed, expectoration copious and purulent, dyspnœa, at times urgent; præcordial oppression, palpitation, confusion of ideas, stupor, sense of fulness in the head.

Haust. Anodyn. h. s.

Rep^r. Mist. cum Tinct. Scillæ.

December 5th. Breathing relieved; some rest procured by the anodyne; expectoration copious and heavy.

Rep^r. H. Anodyn.

December 7th. Stupor, slight head-ach, cough and dyspnœa abated, expectoration copious, pulse 120, irregular; tongue foul, abdomen tense.

Pil. ex Cal. et Ext. Col. C.

Omitt^r. H. Anodyn.

Hab^t. P. Ipecac, gr. un. 3^{ies}. horis.

December 9th. Pectoral affection somewhat aggravated; slight head-ach.

Vesic^m. inter Scap.

P. Ant. gr. iij.—4^{tis}. horis.

Mist. Salin.

December 11th. Cough, dyspnœa and palpitation relieved, expectoration copious and purulent; sense of weight and oppression in the chest; tension of the abdomen; tongue foul; urine high-colored; pulse frequent, strong and irregular.

Vesic^m. Sterno.

Mist. Sal. c. æthere et ammonia.

En. Terebinth.

December 14th. Respiration frequent and laborious;—about half a pint of gross matter is expectorated daily; body open, pulse 108, hard and irregular; uneasiness and swelling of the umbilical region.

H. Cath.—Fotus Abdominis.

Vesic^m. Lateri dextro.

December 16th. Delirium ferox, expectoration diminished, stupor, pain and heaviness of the head; speech indistinct, pulse 120: irregular and compressible, skin hot and moist, tongue foul, breathing frequent and laborious, abdomen tense, fæces yellowish, urine high-colored and turbid.

H. Cath.—Vesic^m. Nuchæ.

En Tereb.—Mist. Scillæ.

December 18th. Orthopnœa, countenance lurid.

V. S. 3 viij.—Vesic^a. Tibiis int.

December 20th. Blood buffed, breathing relieved, expectoration more copious.

Mist. Scillæ.

December 22nd. Stupor, weakness, often raises his hand to his head.

December 23rd. Died last night.

December 23rd. Dissection by Mr. M'Namara, assisted by Mr. Hyde.

Between the tunica arachnoidea and pia mater, a serous effusion is observable over the entire surface of the brain.

The substance of the brain when cut into exhibits numerous red points.

Nearly two ounces of a watery fluid are found in the ventricles.

A quantity of serous fluid is discovered at the base of the cranium.

Thorax, cartilages of the ribs generally ossified.

Lungs, on both sides, adherent to the walls of the chest and to the mediastinum ; and, on the left side, to the pericardium.

Three small portions of calculous matter are found in the middle lobe of the right lung.

No abscess nor ulceration is discoverable in any part of either lung ; but there is a quantity of frothy purulent matter in the cells of the bronchiæ ; the lining membrane of these cells is highly vascular.

Pericardium,—contains about three drams of serous fluid ; the internal surface of this membrane is rough, from a number of minute sabulous whitish particles dispersed through its texture.

Heart,—substance of, natural, but its lining membrane is opaque in different points.

The opening of the coronary vein is larger than natural.

Liver,—natural in size and texture, but paler than usual.

Gall-bladder, contains a thin olive-coloured bile.

COMMENT.

In this instance such was the violence of the pulmonary symptoms, that hydrocephalus, the immediate cause of death, was overlooked by the physicians in consultation, and the fatal event was supposed, previously to the dissection, to have been produced by a disease of the heart and lungs; a repetition of such mistakes can only be prevented by an examination of the body after death; this laid open the nature of the complaint, and showed, that our attention should have been directed to symptoms which, though only supervening to the original disorder, were the precursors of the death of the patient.

Slight head-ach, confusion of ideas, and a sense of fulness in the head were complained of throughout the whole of the attack: a few days before death, the expectoration diminished, this was followed by high delirium, stupor, and the frequent application of the hand to the head, symptoms indicative of cerebral derangement, and produced by the accumulation of blood and serum in this organ; and, was not this accumulation the effect of congestion in the lungs, which, by ob-

structing the circulation, impeded the free return of blood from the head ?

The ossification of the cartilages of the ribs, the extensive adhesions within the chest, and the quantity of muco-purulent matter found in the lungs are explanatory of the cough, dyspnœa, orthopnœa, palpitation and purulent expectoration.

As there was no abscess, tubercle, nor lesion of structure of any part of the substance of the lungs, and as a quantity of matter similar to that expectorated was found in the bronchiæ, we may conclude that this matter was secreted by the mucous membrane, which bore the marks of high inflammation. The tension, fulness, and uneasiness of the abdomen were relieved by cathartics and fomentations ; there was no disease discoverable in the abdominal viscera, these symptoms, therefore, we may ascribe to the presence of air and acrid matter in the intestines.

This gentleman frequently recovered from similar attacks of the chest ; now, as there was no disorganization of the heart or lungs, is there not reason to suppose, that he would also have re-

covered from the present attack, had not hydrocephalus supervened?

In the asthmatic, I have, on several occasions, discovered ossification of the cartilages of the ribs.

CASE III.

CASE AND DISSECTION.—TUBERCULAR PHTHISIS,
WITH SYMPTOMS OF ANGINA PECTORIS, AND
INFLAMMATION OF THE BOWELS.

SUMMER-HILL,
May 29, 1818.

MISS C——, æt. 10, of a florid complexion and delicate habit, in January, 1817, first complained of fugitive pains in the left side of the thorax and in the left arm, accompanied by palpitation and sense of stricture of the heart, by slight cough and fever ; symptoms which yielded to the employment of venesection, cathartics, blisters and a sedative regimen ; shortly afterwards the disease recurred, and again was cured by the same remedies ;—towards the close of the year the attacks became frequent, but less violent.

In January and February, 1818, the pain in the region of the heart was often acute, and always attended with a sense of suffocation, palpitation, and at times, with purulent expectoration and hemoptysis. During the last three months the dyspnœa was permanent, often orthopnœa, and a sense of suffocation, accompanied by pains

in the arms and shoulders ; there were anasarcous swellings of the upper and lower extremities, and of the face ; the tongue was aphthous, pains were frequently felt in the bowels, attended by a mucous diarrhœa ; delirium and convulsions closed the scene.

May 30th, 1818. Dissection by Mr. Barker.

There is an elevation of the central portion of four of the ribs on the left side of the thorax, and, on this side the pleura pulmonalis and costalis, are adherent.

The left lung is filled with tubercles and ulcers of different sizes, colours, and figures. Some of the tubercles contain a substance of a cheesy nature, others of a curdy or purulent, the majority are enveloped in distinct cysts.

Pericardium,—considerably thickened ; there is a deposition of coagulable lymph upon its outer surface, which is firmly attached to the diaphragm, in its cavity are found about six drams of a serous fluid.

The heart is enlarged, and its surface highly vascular.

The pleura, the left lung, the pericardium and the heart form one crude diseased mass.

The right lung is less diseased than the left, but it contains two vomicæ; on this side, the pleuras are closely adherent.

Liver,—left lobe, enlarged and stretches into the left hypochondre; structure natural.

Stomach,—two large red patches, irregular in their size are found upon its lining membrane; one of which is situated between the cardiac and pyloric orifices.

Intestines,—several portions of the small intestines are thickened and highly vascular, and on their mucous surface is observed puriform matter mixed with blood.

Mezenteric glands,—enlarged, and some contain a cheesy and some a fatty matter.

OBSERVATIONS.

CHRONIC inflammation of the pericardium and heart, accompanied this case of pulmonary consumption. I have seldom witnessed so much dis-

case in the cavity of the chest ; the pleura, the lungs, the pericardium and heart appeared to be converted into one disorganized mass ; the thickening of the membranes, the effusion of coagulable lymph, the congestion of blood, the adhesions, and the ulcerations, bore ample testimony to the existence of previous inflammatory action. Some of the tubercles were contained in distinct cysts, and these compressed the air-vesicles and occupied their proper space, while others converted into vomica, presented ragged irregular surfaces, having destroyed the very texture of the lungs. Before death the tongue was of a vermillion colour, and at times, covered with aphthous sores ; the fauces were red and tender, and there was mucous diarrhoea, accompanied by pains and uneasiness in the bowels, augmented by pressure.

On dissection different portions of the lining membrane of the stomach and bowels were found inflamed and covered with purulent and sanious matter, appearances sufficient to account for the phenomena referrible to the abdomen. Pain and sense of stricture in the region of the heart, accompanied by pain in the left arm and shoulder, and by a sense of suffocation were often present ; these symptoms were supposed characteristic of angina pectoris, yet there was no ossification of

the coronary arteries, to which that disorder is generally attributed.

Diarrhœa is a common termination of pulmonary consumption, and is supposed to arise from the matter in the lungs being absorbed and thrown off by the bowels; but in what manner, or by what vessels this process takes place is not stated. The idea indeed is purely hypothetical, and scarcely entitled to notice:—in the present case the diarrhœa depended on chronic inflammation of the mucous coat of the intestines, and why not, in similar instances, refer it to the same source?

At the commencement of this lady's illness, and for some time afterwards, her complaint was considered hepatic, and mercurials were repeatedly exhibited;—the pulmonary affection was regarded as secondary, and would, it was supposed, yield to the action of the remedies administered for the removal of the primary malady: after death the left lobe of the liver was found enlarged, but free from any mark of disorganization: the intestines, however, as has been already stated, were highly diseased; here, then, chronic inflammation of the lining membrane of the bowels was mistaken for a disorder of the liver, and this mistake led to the use of medicines calculated to de-

velopes tubercles in the lungs, or inflame those which might otherwise have lain dormant.

When numerous cysts, containing matter of a cheesy, curdy, or purulent nature exist in the lungs, what remedy can avail? But, these tubercles have small, almost imperceptible beginnings: the important practical question therefore, is, what are the means, if any, that are capable of counteracting this disposition in the habit to form tubercles? If I may be allowed to express an opinion on a subject involved in so much obscurity, from the result of a mode of treatment adopted in such cases, I would state that this disposition would seem to have been corrected, and the development of tubercles counteracted, by means, calculated to preserve a healthy state of the functions of the lungs, skin and digestive organs.

In the weak and irritable habit, the vessels of the skin lose their tone and activity, hence a determination of fluids, congestion, and irregular actions in different organs, more especially in those predisposed to disease by hereditary taint, by intemperance, or other exciting causes. But, on this subject I have dwelt more at large elsewhere.

CASE IV.

CASE AND DISSECTION.—TUBERCULAR PHTHISIS,
WITH CHRONIC INFLAMMATION OF THE BOWELS.

ABBEY-STREET,

May, 1818.

Miss S——, æt. 22, of a scrofulous and delicate habit, during two years complained occasionally of pain in the right hypochondre, stretching at times to both shoulders and the region of the umbilicus:—the pain was increased by pressure, and was accompanied by a low irregular fever, by diminished appetite, and irregular state of the bowels; the fæces varied in color and consistence, dark, greenish, yellow, or brown; the urine also varied in color, and deposited a pink or lateritious sediment. The complaint was considered to depend on irregular actions in the liver; and mercury in large quantity, cathartics, bitters, and alkalies were often administered with temporary advantage: a teasing, tickling cough, attended by hoarseness, a low fever and by fugitive pains throughout the chest were frequently present, but generally disregarded.

About four months before her death, the expectoration became purulent, the breathing op-

pressed, and the body emaciated; hectic fever, an aphthous state of fauces, delirium, pains in the bowels, and mucous diarrhoea closed the scene. The most approved remedies were employed to arrest the progress of the pulmonary disease without effect.

May 23, 1818. Dissection by Mr. Bevan, assisted by Dr. Adams.

Right lung,—tuberculated throughout its entire substance; the tubercles are of different sizes, and some contain a cheesy, and some a purulent matter; in this lung are two vomicae filled with pus, and sufficiently large to contain a walnut:—on both sides of the chest the adhesions between the pleura pulmonalis and costalis, are almost universal, but they are stronger and more numerous on the right.

Left lung,—exhibits the same morbid appearance as the right.

Pericardium,—contains about six drams of a watery fluid.

Trachea and fauces,—mucous membrane inflamed and abraded.

Stomach,—on its lining membrane, between the two orifices are two red patches, irregular in size and shape.

Œsophagus,—inflamed, and in parts abraded.

Small intestines,—a great portion is inflamed ; on some parts of their lining membrane extravasated blood is apparent, on others, purulent matter.

Colon,—its coats, generally, are thicker and more vascular than natural ; in its transverse arch are three ulcers with irregular edges, situated on the mucous coat, about half an inch in length and one-fourth in width.

Gall-bladder,—distended with bile of a greenish-yellow color.

OBSERVATIONS.

At the commencement of this lady's illness, and for a considerable period afterwards, it was supposed that her principal complaint was hepatic, and that the pulmonary affection, being but secon-

DISEASES OF THE LUNGS.

dary, could be relieved only by the cure of the primary disease of the liver.

According to this view of the case, mercury by pill and inunction was frequently administered. On dissection the liver was found free from any mark of present or previous disease, while the lungs presented one disorganized mass.

The small intestines were partly inflamed and thickened, and their lining membrane, in some places, was covered with purulent matter, and in others, with extravasated blood, while a portion of the mucous coat of the colon was ulcerated; these appearances are sufficient to account for the phenomena referrible to the abdomen, and they moreover prove, that chronic inflammation of the bowels was mistaken for diseased liver, and this second mistake led to the use of medicines, calculated not only to ~~aggravate~~ the bowel, but the pulmonary complaint.

In the history of the dissection the inflammation and abrasion of the lining membrane of the trachea and fauces, and of the œsophagus, stomach and bowels, are particularly deserving of consideration, inasmuch as it suggests the idea

that these morbid appearances were produced by the acrimony of the matter expectorated, and that the mucous diarrhœa was also excited by the application of the same irritating matter to the stomach and bowels, where I have occasionally discovered it on dissection.

CASE V.

CASE AND DISSECTION.—A DISEASE OF THE LUNGS
AND OF OTHER ORGANS.

NECK LENDURGH-STREET,

Sept. 20, 1822.

MR.—— M. æt. 14, complains of acute pain in the left hypochondre, stretching downwards towards the ilium, and augmented by pressure :— there is cough, palpitation, dyspnœa, and high fever; bowels constipated. Mr. Sohan attends this young gentleman.

V. S. $\frac{3}{4}$ x.—Mist. Cath:

Sept. 21st. Relieved by the bleeding; blood buffed; fæces yellowish; pectoral symptoms abated.

Hirud. xx. Hypochond. sinistro.

Baln. Tepid. Pil. ex Cal. et Ex Col. Comp.

Sept. 22nd. Says he is easier; the disease continues.

Vesic^m. Hyp. sinistro.

Pil. ex. Cal. et Opio.

Sept. 24th. Complains now of pain in the right hypochondre, of fever, cough, dyspnœa and

palpitation ; pulse frequent, often irregular and intermitting ; bowels confined.

Hirud. xv. Hyp. dextro.

Pil. ex Cal. et Opio.

Mist. Cath.

Sept. 27th. Pain in the right hypochondre ; shiverings, perspiration, vomiting, bowels free.

Vesic^m. Hyp. dextro.

Cr. Pil. ex Cal. et Opio.

Sept. 29th. More free from pain, chillinesses, heats and perspiration ; nausea and vomiting.

Infus. Rosæ.

Oct. 10th. Hectic fever ; refuses to take medicine.

Jan. 16, 1823. Exposed to cold ; shiverings, vomiting, thirst, desire for cold drinks, pains in the stomach and bowels, augmented by pressure, constipation ; pulse frequent, feeble and irregular ; cough, dyspnœa and palpitation.

En. Purg. H. Cath.

Hirud. xx. abdomini.

Jan. 18th. Little remission of the symptoms : bowels partially relieved.

Vesic^m. abdomini.

Baln. Tepid.

Jan. 20th. Died this morning.

Jan. 21st. Dissection by Mr. M'Namara.

The ribs on the left side, over the region of the heart, are more elevated than those of the right.

There is a firm and general adhesion between the pleura pulmonalis and costalis on both sides of the chest.

Both lungs are gorged with blood and partly hepatized :—on the surface of the left are numerous small tubercles.

The pericardium contains nearly four ounces of a pale straw-colored fluid ; it is thicker than natural, and firmly adherent to the lung.

There is considerable venous turgescence on the surface of the heart.

The left lobe of the liver is twice its usual size ; its surface and internal structure are pale ; it is adherent, a little below the short ribs, to the peritoneum, between which and the muscular substance, is lodged a small abscess, containing about an ounce of purulent matter.

Between the convex portion of the right lobe and the parietes of the same side, is a similar adhesion and abscess; but the abscess is seated in the substance of the liver.

The gall-bladder is gorged with dark-colored bile.

The stomach, internally near the cardia, is of a florid red; this red patch is of an irregular shape, and nearly three inches in extent.

Some portions of the lining membrane of the ilium and colon are of a florid red, while others exhibit marks of venous turgescence.

COMMENTARY.

WHEN we look at the diseased condition of the lungs, the quantity of watery fluid in the pericardium, the adhesions and abscesses in both hypochondria, the unusual bulk of the liver, and the inflamed condition of the lining membrane of the stomach and bowels;—when, I say, we look at the state of these organs, we can at once account for the cough, dyspnœa, and palpitation, the irregularity and intermission of the pulse, the pains in the hypochondria, the shiverings and perspiration, the thirst and vomiting, the high degree of fever, and the pains in the bowels;—in short, there is not a symptom related in the case which the appearances presented on dissection are not

sufficient to account for. The symptoms indicative of inflammation of the bowels, came on at a very late period of the attack, and were caused apparently by exposure to cold ; this shows the disposition to inflammatory action in the different viscera, even at a time when the strength of the system was much reduced.

The situation of the adhesions and abscesses in the hypochondria deserves a remark :—had the latter advanced and enlarged, the probability is, the matter would have found an outlet on both sides externally, a process which might have been materially promoted by issues, setons, blisters, or poultices, and thus the life of the patient might have been preserved.

About six years ago the diseased actions commenced in the lungs and liver ; unfortunately at this early stage of the complaint, when it might have been successfully combated, the boy being at school, was neglected ; when the pain in the left side became urgent, and the respiration oppressed, a physician was for the first time consulted ; at this period the disorder was nearly of five years standing.

This case shows the insidious nature and tendency of the disease, and the necessity of employing our remedies on its first appearance with promptitude and decision.

CASE VI.

CASE AND DISSECTION.—PHTHISIS PULMONALIS
MISTAKEN IN ITS EARLY STAGE FOR A DISEASE
OF THE LIVER.

STEPHEN'S-GREEN,

Feb. 9, 1814.

MISS D——, æt. 21, complains of cough, dyspnœa, irregular fever, perspirations, pains in both hypochondria and in the right shoulder:—pulse frequent and feeble, appetite tolerable, tongue foul, bowels free, face alternately pale and flushed, urine lateritious, emaciation, debility, restlessness, expectoration purulent and yellow.

This lady has been ill fifteen months; pain in the right hypochondre was the first symptom complained of, to which succeeded cough, palpitation, difficulty of breathing and hectic fever.

Two country physicians considering this a case of diseased liver, have given calomel in large quantity, and recommended a low diet, and latterly, digitalis, to abate the hectic.

Mist. Mucilag. cum Tinct. Opii et Acido Sulphurico.

Feb. 10th. Cough relieved,—at one o'clock,

P. M. this day, there was considerable heat of skin and thirst, but not preceded by chilliness, nor followed by perspiration.

Rep^r. Mistura.

Feb. 11th. Disturbed rest, palpitation, frequent sighing, gross yellow expectoration, weight and oppression about the præcordia, uneasiness on pressing the epigastrium, about two o'clock, P. M. chilliness came on followed by heat and perspiration, pulse 140, tense, cannot lie with ease upon the left side.

R. Acetatis Sodæ ℥i.

Tinct. Gentianæ C. gutt. xv.

Aquæ unciam ℥. fiat haustus ter quotidie sumend.

R. Gum. ammon. ℥iv.

Aceti Scillæ uncias duas ℥. ft. Lin^m. Regioni Epigastricæ sæpe app^m.

Rep^r. mistura pro tussi.

Feb. 12th. No sensible effect from the medicine of yesterday, urine turbid and orange-colored, fæces pale, the period of accession of the cold fit today was three o'clock P. M., that of the hot, five o'clock, and perspiration appeared about seven o'clock.

Cont^r. Med.

Feb. 16th. Every second day about two or three o'clock, P. M. chilliness comes on, and on

the alternate days about ten o'clock, A. M., the heats and perspirations do not regularly succeed, and sometimes these are not preceded by chilliness; cough troublesome and often followed by vomiting, expectoration purulent, urine lateritious, palpitation, frequent double sighing.

Cont'. Med.

Feb. 24th. An abscess has burst in the lungs, expectoration gross and yellow, irregular hectic; is relieved by opiates, and thinks they promote expectoration.

Cont'. Med.

Feb. 25th. Emphysema of the face, neck and shoulders, respiration laborious, palpitation, double sighing, expectoration, dark, gross and copious, delirium, restlessness, præcordial anxiety, hectic fever, urine turbid, bowels constipated.

Habeat Magnesiae ustae gr. x. tertiis horis.

Rep'. Mist. pro tussi.

Feb. 28th. Died this morning.

May 1st. Dissection by Mr. Wilmot, assisted by Mr. Smyth.

Emphysematous swelling of the face, neck,

shoulders and breast, slight adhesions between the pleura pulmonalis and costalis of the left side.

Left lung, tuberculous and filled with purulent or cheesy matter of a dark brown or green colour. Right lung studded with tubercles of different sizes, loaded with pus and cheesy matter, here also are slight adhesions between the covering membranes.

Pericardium, contains about six ounces of a watery fluid.

Liver, great lobe adheres posteriorly by a slight adhesion to the parietes of the abdomen, this lobe descends a little below the false ribs, but is natural as to colour, form and structure; a small patch of a pale colour about an inch in length, and quarter of an inch in breadth is discovered upon its convex side, it resembles an eschar of some standing which had healed, on cutting through this patch nothing preternatural was discovered.

Left lobe, natural in size, colour and consistence, but there is a patch on its convex surface similar to that on the right—gall-bladder, pale, contracted and empty.

Mezenteric glands, of a natural appearance.

Intestines, distended with flatus, omentum, fatty.

OBSERVATIONS:

THE dissection was instructive, as it served to correct an erroneous idea entertained with regard to the seat and nature of the complaint which was considered by some eminent practitioners as hepatic, and mercury was repeatedly administered, a medicine highly injurious in scrofula of the lungs.

The pain felt in the right hypochondre gave rise to the opinion that the liver was the organ principally engaged, and the slight adhesion discovered between its convex portion, and the parietes of the abdomen indicated a low degree of inflammation that had subsisted at an early period of the attack, but the substance of the liver was sound, and the pain in the right side continued for months, this therefore must have depended on the disordered condition of the right lung.

Cough, dyspnœa, hectic fever, palpitation and double sighing were the prominent and urgent symptoms. On examination the lungs were found tuberculated and ulcerous, and a large quantity of a watery fluid was detected in the pericardium.

CASE VII.

CASE AND DISSECTION.—SCROFULOUS PHTHISIS PRECEDED BY OBSTINATE DIARRHŒA, MISTAKEN AT THE ONSET FOR A DISEASE OF THE DIGESTIVE ORGANS. DISSECTION BY DR. COLLES AND ASSISTANT.

PHIBSBOROUGH,
July 16, 1819.

LATE Mr. C——, æt. 41. Bronchial glands, enlarged and presenting a cartilaginous appearance.

Strong adhesions between the pleura pulmonalis and costalis on both sides.

There is about a naggin of serous fluid of an amber colour in the lower part of the left cavity of the chest, where there is no adhesion.

There are marks of inflammation on the pleura pulmonalis and costalis, and on that portion of the pleura which covers the diaphragm :—all these surfaces are covered by a rough villous membrane highly vascular.

Pericardium, contains about two ounces of a watery fluid, and is adherent to the pleura and diaphragm.

Heart, the right edge and the basis of the

right ventricle are of an amber color, and are enlarged from the effusion of coagulable lymph in a semifluid state, into the cellular substance which is destitute of fat.

Right lung,—its lobes are adherent ; on separating these adhesions, numerous minute tubercles present themselves : in the superior portion is a large irregular ulcer, lined with an adventitious membrane, besmeared with thick purulent matter ; at the bottom of this ulcer are three or four openings, through which the probe passed into the substance of the lungs, posteriorly.

Left lung,—firmer than the right, and when cut into, exhibits one continued mass of disease : several tubercles and ulcers of different sizes and colors are here observable.

Liver,—pale, left lobe somewhat larger than natural.

Mesenteric glands,—enlarged, hardened, and of a cheesy appearance. The lymphatic glands at the transverse arch of the colon are hardened and enlarged.

Spleen,—preternaturally large, and about the middle portion of its substance is cartilaginous.

Such were the appearances presented on examination, in a patient who, during the last two months of his life, had all the symptoms of phthisis pulmonalis, purulent sanious expectoration, accompanied by cough, difficult respiration, and hectic fever. But, it may here be proper to remark, that the disease was ushered in with an obstinate diarrhoea, attended by irregular actions of the stomach and liver; the fæces were generally of a pale ash-color, occasionally yellow or dark; the urine varied in color and consistence, at one time depositing a sediment resembling the whites of eggs, at another, the lees of wine or porter. The appetite was bad, the rest disturbed, and there were fugitive pains throughout the abdominal and thoracic viscera; the symptoms of indigestion, supposed to constitute the sole disease, were present for half a year before the expectoration of purulent matter commenced, and may be ascribed to morbid actions of the liver and stomach, occasioned by habits of intemperance, in which the patient indulged.

From the diseased state of the lymphatic system, and the tuberculated condition of the lungs, it is obvious that the constitution was scrofulous, and when scrofula commences its ravages in the lungs, what remedy will prove efficacious?

CASE VIII.

CASE AND DISSECTION.—INFLAMMATION OF THE
LUNGS AND BRAIN CAUSING PREMATURE LABOUR
AND DEATH.

CUMBERLAND-STREET,

March 1822.

Mrs. S——, æt. 34, of a delicate frame and sanguine temperament, on Saturday the 17th inst. complained of cough, pain in the left side, frequent retching and head-ach, accompanied by slight hemoptysis.

A blister was applied to the sternum, and an aperient was administered.

On the day following, rigor, acute pain in the side, high fever, severe head-ach, pulse 124, strong, skin intensely hot.

V. S. ad $\frac{3}{4}$ vj.—in the morning, and repeated in the evening.
Pil. ex Cal. et ext. Col. C.

Monday, relieved.

On Tuesday the 20th abortion,—child about eight months old,—acute abdominal pains augmented by pressure, intense head-ach, rigors, convulsions, death.

Dissection by Dr. M'Keever, assisted by Dr. Whitestone.

Brain,—its surface is covered almost entirely with coagulable lymph, which, in some places, has a purulent appearance.

Arachnoid membrane and pia mater are partly thickened and opaque.

On cutting through the substance of the brain, numerous red points are observable.

Right ventricle, contains about six drams of a watery fluid.

At the base of the brain, and in the theca spinalis, are nearly two ounces of a watery fluid.

The membranes of the cerebellum present nearly the same appearance as those of the cerebrum.

Thorax,—a great portion of the pleura pulmonalis and costalis of the left side is thickened and coated with purulent matter. The left cavity contains more than half a pint of muco-purulent matter.

Substance of the lungs, healthy—Pericardium, contains about three drams of a watery fluid.

Liver,—both lobes enlarged, the right, harder than natural.

Gall-bladder, filled with a greenish-yellow bile.

Stomach,—on its mucous coat are several patches differing in shape and size, and of a florid hue.

Small intestines ; on their serous coat are observed several spots of an inflammatory appearance.

Peritoneum,—in the left iliac region bears evident marks of inflammation.

OBSERVATIONS.

IN this instance every symptom was indicative of inflammatory action, evident marks of which were traced, on examination, in the brain, lungs and alimentary canal. The arachnoid membrane and pia-mater were thickened and opaque, and between these membranes a purulent matter and

coagulable lymph were observable, indeed the surface of both hemispheres was nearly equally diseased, moreover, a large portion of aqueous fluid was found in the ventricles and at the base of the brain. The pleura pulmonalis and costalis on the left side was thickened and covered with purulent matter, and more than half a pint of a watery fluid mixed with pus was found in the left cavity ; further, the mucous coat of the stomach and the serous coat of the small intestines bore evident marks of inflammatory action ; these appearances are explanatory of the phenomena, and were induced by night-watching, exposure to cold and by fatigue and anxiety of mind caused by the dangerous illness of two of her children.

To arrest the progress of an attack so violent, it is clear that active remedies should have been employed at its onset, unfortunately, the symptoms were called hysterical and ascribed to irregular actions of the uterus, thus a day was lost, and premature labour and the death of the patient were the consequence.

Here I beg leave to remark, that during pregnancy there is a peculiar predisposition to inflammatory affections which require the immediate use of anti-inflammatory remedies, but, in this

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state, it too often happens that the practitioner refers the symptoms of inflammation to irritation of the uterine system, or, from a fear of debility or the dread of inducing abortion delays the employment of the only means which could prevent their occurrence.

CASE IX.

CASE AND DISSECTION.—ULCEROUS PHTHISIS WITH
HEPATISATION OF THE LUNGS AND ENLARGED
LIVER,—FORAMEN OVALE NOT CLOSED.

CHARLES-STREET,

Oct. 15, 1816.

Mrs. P —, æt. 29, subject to habitual dyspnœa and palpitation ;—for several months has complained of cough accompanied by muco-purulent expectoration and fever, and for three years of frequent vomiting in the morning, diminished appetite, acidity and flatulence of the stomach and constipation, has had three children, and during the last two years has indulged in the use of fermented liquors ; pulse 116, weak and irregular, slight hemoptysis, restlessness, fæces, dark-colored, urine lateritious, tongue yellow on the sides and red in the centre ; sense of weight and oppression in the sternum and epigastric region ; considerable dyspnœa and palpitation, some enlargement of the liver is discoverable on examination.

Vesic^m. Sterno.

Pil. Cath. cum Hydrarg.

M. muc. cum Opio pro tussi.

Oct. 16th. Three dejections dark and yellow ; urine turbid ; pectoral symptoms unabated.

Vesic^m. inter Scap.
Cont^r. medicamenta.

Oct. 17th. Cough and dyspnœa very distressing; expectoration scanty, brownish and tinged with blood; two dejections of a greenish hue, tongue foul, no rest nor appetite, high fever, complexion dark-colored.

Mist. Salin.

Oct. 18th. Pectoral symptoms more urgent, irregular fever.

Mist. Scillæ et Gum. Ammon.

Oct. 19th. Restlessness, delirium, features collapsed, countenance lurid.

Oct. 21st. Death.

Oct. 22nd. Dissection by Mr. M'Namara.

Abdomen,—integuments and omentum loaded with fat.

Stomach,—preternaturally large, muscular coat, thicker than natural.

Liver,—right lobe larger than usual, descend-

ing below the cartilages of the ribs, the left lobe occupies the entire of the epigastrium, and extends into the left hypochondre, both lobes are of a light brick-colour, mottled, and so soft that their substance yields to the pressure of the finger.

Gall-bladder,—contracted, and contains a small quantity of a thin light yellow bile.

Spleen,—of a deep purple colour and soft texture.

Thorax,—lungs, on both sides, adherent to the walls of the chest.

On opening the chest the lungs do not collapse as in health, there is a considerable congestion of venous blood throughout their entire substance, giving them in many parts, a fleshy appearance.

In the centre of the middle lobule of the right lung are two ulcers communicating with the bronchiæ, they are about two inches in diameter, and lined with a brownish purulent fluid.

In the superior portion of the left lung another ulcer is discovered of the same size and appearance.

Bronchiæ,—their lining membrane is thickened and covered with purulent matter.

Pericardium,—contains about one ounce and a half of serous fluid.

Heart,—natural.

Foramen ovale, not closed, the aperture would admit a goose-quill.

COMMENT.

No tubercles were found in the lungs, nor calculi nor other extraneous substances; this, therefore, may be regarded as a case of ulcerous phthisis, the result of inflammation and suppuration induced by intemperance and exposure to cold. Life has often been preserved for one, two or more years where the portion of the lungs destroyed has been greater than in the present case, it would appear, therefore, that effusion into the bronchiæ and the hepatisation of several parts of the lungs hastened the death of the patient by obstructing the free flow of blood through this organ.

Frequent vomiting, acidity, flatulence, consti-

pation and diminished appetite had existed for a long time, previously to the appearance of any pectoral affection, and these symptoms were indicative of deranged actions in the liver and the other digestive organs.

From the increased size of the liver the capacity of the thorax was diminished, and the circulation in the lungs consequently impeded; this and the malformation of the heart, by giving rise to congestion, irritation and irregular actions of the lungs predisposed them to be acted on by cold, spirituous liquors or other exciting causes, in all such cases, therefore, in order to prevent disordered actions in the lungs, it is necessary to correct those in the liver and heart.

What may be deemed extraordinary, was the appearance of the foramen ovale which was found open and so large as to admit a goose-quill. May we not ascribe the habitual dyspnoea and palpitation to which this patient had been, for several years subject, to this malformation?

CASE X.

CASE AND DISSECTION.—ABSCCESS IN THE RIGHT LUNG, EFFUSION INTO THE CHEST AND BRAIN.

CAPEL-STREET,
Sep. 20, 1821.

MASTER I——, æt. 3, during the last week has laboured under the following symptoms—cough, dyspnœa, restlessness, frequency of pulse, heat of skin, thirst, foulness of the tongue, moaning and sighing. The fæces are partly yellow and partly greenish and curdy ; the urine is high-colored, the face is flushed ; the temples throb, and the fever is high.

Hirudines octo Sterno.
Pulv. ex Cal. et Scam.

Sep. 21st. Fever abated ; bowels free ; breathing relieved.

Cont^r. Pulv :—Hab^t. Baln. tepid.

Sep. 22nd. Præcordial anxiety, high fever, sighing and moaning, fæces yellow and greenish.

Mist. Cath. Baln. tepid. En. P.

Sep. 23rd. Delirium, restlessness, urgent thirst.

Cr. Pulv. et Balneum.

Vesic^m. inter Scap.

Sep. 24th. Moaning, stupor, face flushed, delirium ; fæces resemble chopped parsley.

Hirud. vj. Temporibus.

Vesic^m. nuchæ—Rep^r. Pulv.

Sep. 25th. Coma, imperfect vision.

Cont^r. Pulveres.

Sep. 26th. Death.

Dissection by Mr. North and Assistant.

The surface of the brain exhibits marks of arterial excitement and venous congestion.

About two drams of a watery fluid are discovered at the base of the brain.

Right lung, hepatised and turgid with blood, left lung, pale and spongy.

Between the pleura pulmonalis and costalis on the right side are numerous firm adhesions, and in the right cavity is a serous effusion.

At the lower part of the bronchiæ and the

beginning of the right lung is an abscess containing a table-spoonful of purulent matter.

Pericardium, contains a large quantity of a turbid whitish fluid.

Liver,—both lobes enlarged and preternaturally vascular.

Gall-bladder,—filled with a greenish viscous bile.

Bladder,—mucous membrane highly vascular.

COMMENT.

THE dissection here was valuable and interesting, it showed that inflammation had existed, and an abscess had been formed between the bronchiæ and right lung and yet not attended by any acute pain ; cough, dyspnœa and præcordial oppression were present, but unaccompanied by expectoration. It is also deserving of notice that the right lung was partly hepatised. So much disease of the lungs must necessarily have given rise to congestion and irritation of the brain, and it is remarkable that when this organ became seriously engaged, the affection of the lungs was less urgent.

CASE XL

CASE AND DISSECTION.—TUBERCULAR PHTHISIS
WITH A SCHIRROUS STATE OF THE LEFT LUNG
RESEMBLING CANCER.

BRISBOL-STREET,
Sep. 6, 1830.

MR. N——, æt. 33, complains of cough, dyspnœa and copious gross expectoration, of fugitive pains throughout the thorax, of fever and emaciation, the digestion is imperfect, and the fæces and urine indicate a vitiated state of the secretions.

These symptoms are of several months duration, and are ascribed to intemperance and exposure to cold and wet.

Blisters, aperients, anodynes, and balsamics have been employed.

Recommended to try country air, asses-milk and exercise on horseback.

Oct. 10th. Emaciation, hectic fever; expectoration, gross, dark-colored and occasionally

tinged with blood ; pains in the left side and sternum ; nutritious diet.

Mist. Scillæ.

A succession of small blisters to be applied to different parts of the thorax.

Nov. 6th. Diarrhœa, debility.

Mist. astring :—wine.

Dec. 22nd. Death.

Dissection by Mr. M'Namara and Assistant.

Several adhesions between the pleura pulmonalis and costalis on the left side. There is about a pint of a watery fluid tinged with blood in the left cavity.

In the left lung are numerous tubercles of different sizes, some of a cheesy or fatty nature, others in a state of ulceration, a considerable portion of this lung is converted into large irregular ulcers, the sides and edges of which are hardened and covered with purulent matter of a slate colour.

The right lung is studded with numerous

tubercles, some of which are in a state of incipient suppuration. In the right cavity is half a pint of a fluid similar to that discovered in the left.

Abdominal viscera, sound.

COMMENTARY.

THIS is a case of tubercular phthisis which terminated in extensive ~~irregular~~ ulceration and schirrus of the left lung resembling cancer.

Would not this and similar instances of schirrus of the lungs tend to prove the existence of lymphatic glands in this organ?

Prussic acid, laurel-water and digitalis are usually employed in cases like the present, because the pulse is frequent and the skin hot—from the post-mortem appearances, it is clear that these medicines cannot be useful, and as they lower the tone of the vital powers and impede digestion, it is manifest they must shorten the life of the patient.

CASE XII.

CASE AND DISSECTION.—TUBERCULAR PHTHISIS,
SUPPOSED, A DISEASE OF THE LIVER.

DORSET-STREET,
May, 1815.

MISS B——, æt. 25, has been ill upwards of a year of the usual symptoms of pulmonary consumption, these symptoms have been frequently accompanied by pain, ~~ten~~ soreness and a sense of weight in the right hypochondre, and at times, by pain under the right scapula, urine lateritious, fæces blackish, (is now making use of a preparation of steel,) tongue foul and yellowish; expectoration, at one time greenish, at another yellow, often sweetish to the taste; occasionally a calcareous substance of a white colour is mixed with the sputa—hectic-fever has been present for several months.

Opiates, demulcents, cathartics, different preparations of steel and mercury, blisters and blood-letting have been the principal remedies employed.

May 17th. Death.

May 18th. Dissection, by Mr. M'Namara and Mr. Bevin.

Right lung,—the superior portion adheres to the mediastinum, and the inferior to the ribs; the entire structure is studded with tubercles, some of which contain purulent matter and communicate with the bronchiæ.

Left lung,—adherent throughout, to the pleura costalis; the adhesions in some parts are strong and of long standing, in this cavity is an ounce of dark-colored pus mixed with air, the texture of this lung is almost obliterated by tubercles.

Heart,—natural.

Pericardium,—does not contain any watery fluid.

Liver,—natural.

Gall-bladder,—smaller than usual, contains bile of a reddish-brown color.

COMMENTARY.

FROM the symptoms of pulmonary consumption we were prepared to witness the tubercular and ulcerated state of the lungs observed on dissection ; and, from the symptoms of hepatic derangement we were also taught to expect a schirrous or otherwise morbid condition of the liver ; the liver, however, was found natural, hence we learn that a considerable affection of the right lung may lead to the suspicion of a disorder of the liver, and consequently to the exhibition of remedies highly pernicious.

In doubtful cases of this kind,* prudence would suggest the adoption of a safe and middle course, as the pil. hydrarg. in small doses, saline aperient bitters, and, if necessary, the application of leeches, blisters or the cupping-instrument, remedies which, while they are calculated to promote a more healthy condition of the abdominal secretions, do not interfere with the plan of treatment laid down for the relief of the lungs.

* Here the use of the stethoscope may enable the practitioner to form a correct diagnosis.

CASE XIII.

CASE AND DISSECTION.—AN AFFECTION OF THE
LUNGS AND HEART WITH ACUTE RHEUMATISM.

JAMES'S-STREET,

May 23, 1820,

MR. W——, æt. 46, subject to indigestion,—of sedentary habits, five days ago complained of shivering, head-ach, cough, loss of appetite, palpitation of the heart, dyspnœa and pains in the wrists, ankles and knees. Pulse 114, strong, skin hot and dry; tongue foul, bowels constipated:—twenty ounces of blood have been taken from the arm by Mr. Madden, and he has administered aperients.

Pil. ex Cal. et Rheo.

Mist. Salin.

May 24th. Three dejections of a dark green and yellow, urine lateritious, skin and eye of a jaundiced hue; pain on pressing the right hypochondre; pains and redness of the joints, cough, palpitation pain and oppression of the heart, pulse strong, 116; high fever.

V. S. §xvj.—Rep^r. Pilulæ.

Vesic^m. inter Scap.

May 25th. Blood buffed and cupped, there is

a double rim of buff; urine red and turbid; fæces yellow and greenish, chest relieved, fever and inflammation of the joints abated.

C^r. Pil. et Haust. Salin.

May 26th. Return of cough, præcordial oppression, dyspnœa and inflammation of the wrists and ankles accompanied by high fever, stupor and delirium.

V. S. §xx.—Cal. gr. v.—H. Cath.

May 27th. Some diminution of the violence of the symptoms, bowels free, excretions morbid.

P. Ipecac. Comp.

May 28th. Perspiration, no amendment.

Vesic^m. Sterno.—C^r. Cal. et H. Cath.

May 29th. Little alteration, restlessness.

V. S. §xij.—En. Terebinth.

May 30th. Respiration more laborious.

Inflammation of the joints and pains of the heart continue, a double rim of buff appears upon the blood, shiverings, hectic flush, abdomen distended with air, purulent expectoration.

Rep^r. pil. et H. Sal.

May 30th. Stupor, delirium, difficult deglutition.

C^r. Med.—En. Purg.

May 31st. Features collapsed, involuntary dejections; hiccup.

June 1st. Death.

June 2nd. Dissection by Mr. M'Namara, assisted by Mr. W. Ray and Mr. Madden.

Integuments and omentum loaded with fat.

Intestines, considerably distended with flatus, the colon is thrice its natural size.

Liver,—soft, and when cut into more yellow than usual.

Bile,—viscid and of a reddish-yellow color.

Spleen,—adherent to the diaphragm, easily broken down by the pressure of the finger, and of a yellowish-red; it contains some minute gritty substances of a cartilaginous nature.

Right kidney,—has an inflammatory appearance.

Left kidney,—preternaturally vascular and contains in its centre an hydatid as large as a walnut.

Stomach,—inflammatory patches somewhat elevated are visible on its mucous coat.

In the right cavity of the chest are four ounces of serous fluid.

Right and left lung,—anasarcous, in part hepatised, and in part, highly vascular.

Pericardium,—loaded with fat, and closely adherent on all sides to the heart.

Heart,—the walls of the right auricle are nearly thrice their natural size, and its cavity is considerably enlarged, the right ventricle is diminished in size, left auricle thickened, and the opening into the left ventricle is diminished in size about one-third. One compartment of the mitral valves is thickened and shortened, so as to obstruct the free flow of blood.

Semilunar valves of the aorta thickened, and the lining membrane of the aorta, to the extent

of about three or four inches, has an inflammatory appearance.

Dura mater,—exhibits evident marks of venous congestion.

Between the arachnoid membrane and pia mater, is a large quantity of serous effusion nearly equally diffused.

Ventricles,—contain about two or three drams of a watery fluid.

Cerebellum,—presents the same appearance as the cerebrum.

OBSERVATIONS.

Among the more urgent symptoms, in this case, we may reckon, laborious respiration, cough, palpitation of the heart and præcordial oppression ; on examination, the lungs were found œdematous, gorged with blood and changed in their structure, and there was a large quantity of serous fluid in the right cavity of the chest : the heart, moreover, was disorganized and closely adherent on all sides to the pericardium, these morbid appear-

ances are sufficient to account for the above-mentioned symptoms, which were the consequence of inflammatory action. It might be supposed from the firm and general adhesion of the pericardium to the heart, that the inflammation was of long standing, but as on inquiry it was found that the patient enjoyed excellent health before his last illness and was free from palpitation and dyspnœa, we must conclude that this, as well as the other diseased appearances in the lungs and aorta, were the effect of the attack under which he last laboured. It is remarkable, that in the course of the complaint when the lungs and heart were most engaged, (denoted by cough, dyspnœa, palpitation, &c.,) the joints were most inflamed, and with the abatement of the violence of the pulmonary symptoms, the redness, pain and swelling of the joints diminished, showing that, in this instance, there was no translation of the disease from the joints to the internal organs. The villous coat of the stomach bore evident marks of inflammation, the spleen also was inflamed and adherent to the diaphragm; the kidneys, moreover, partook of the same diseased action,—such a morbid condition of these viscera will suffice to account for the vomiting, hiccup and pains in the hypochondria and loins.

The uncommon distension of the bowels, particularly of the colon, is worthy of note, for this was mistaken for an enlargement and inflammation of the liver on account of the fulness of the hypochondria and the pain excited on pressure, a mistake which may serve to caution the practitioner against delivering a hasty opinion as to the seat of a disorder ; the distension was caused by air, which, as there was no fecal nor bilious matter in the colon, must have been secreted by the exhalants. In such cases, of what avail are purgatives, especially the drastic ? would it not be more advisable to give mild aromatics, volatile alkali, or moderate doses of rhubarb and magnesia ?

In the brain there was no evidence of arterial excitement, venous congestion and effusion were alone discoverable, and these were the consequences of the disordered condition of the heart and lungs, which impeded the free return of the blood from the head ; and to this we may ascribe the stupor delirium, confusion of ideas, the flushing of the face and the tinnitus aurium.

We must not pass over in silence the obstructed state of the liver and the vitiated secretion of bile, to which may be imputed the color

of the skin and eye, the lateritious urine, the morbid fæces and the symptoms of indigestion.

This case shows, that inflammation of the joints is sometimes accompanied by great and extensive inflammation of the organs of life, and that it is necessary, under such circumstances, to adopt a vigorous and decided mode of treatment :—profuse perspiration and the full operation of cathartics procured no abatement of the urgent symptoms; blood-letting alone afforded relief, the blood exhibited a singular appearance, buffed and cupped at the top to about an inch in depth, then a coat of blood about one-fourth of an inch in thickness, below which the buffy coat again presented itself, and was nearly half an inch in thickness. The pulse was generally hard, frequent and vibratory; for some hours before death it was soft and less frequent.

CASE XIV.

CASE AND DISSECTION.—TUBERCULAR PHTHISIS,
WITH A SCHIRROUS STATE OF THE LEFT LUNG.

BRITAIN-STREET,

May 20, 1818.

Mrs. T——, æt. 31, of a sallow complexion and delicate frame, the mother of three children, complains of cough, dyspnœa, pain in the sternum, palpitation, loss of appetite and emaciation; the matter expectorated is heavy, sometimes saltish, sometimes sweetish to the taste, and of a green, yellow, or light-brown color.—Pulse 126, skin hot and dry, tongue foul, bowels constipated, urine turbid, thirst, restlessness; has been ill several weeks.

Vesic^m. Sterno.

Mist. Mucilag. cum opio.

June 18th. Hectic-fever, emaciation, perspirations, expectoration copious and purulent.

Mist. c. Acido Sulphur. dil.

July 20th. Diarrhœa, orthopnœa, debility, palpitation.

July 30th. Delirium, stupor.

August 4th. Death.

August 5th. Dissection by Dr. Peebles assisted by Mr. North.

Chest,—narrow and long.

Lungs,—collapsed and externally of a greyish appearance.

The central lobe of the right lung contains numerous small sacs of purulent matter of a dark red appearance, the left lung is adherent throughout to the pleura costalis; in the upper part of its superior lobe is an open abscess sufficiently large to contain a hen's egg and filled with brownish pus; almost the entire of this lung is tuberculated, and ulcerated; the substance around the edges of some of the ulcers is schirrous.

Pericardium,—contains about three ounces of a watery fluid.

Jejunum,—a portion of its mucous membrane is highly vascular and darker colored than natural.

OBSERVATIONS.

THERE was nothing very remarkable in this case of pulmonary consumption.

The cough, dyspnœa and pain in the sternum, the hectic-fever and purulent expectoration were indicative of an ulcerated and tuberculated state of the lungs.

On examination, one large and numerous small ulcers were found in this organ, the edges of some of which were found in a schirrous condition, such as is observed in diseased glandular substances.

In cases like the present, it is obvious, that a low regimen, small blood-lettings, blisters or setons and the use of digitalis must prove injurious.

CASE XV.

CASE AND DISSECTION.—PHTHISIS PULMONALIS
ACCOMPANIED BY INFLAMMATION AND ULCE-
RATION OF THE LINING MEMBRANE OF THE
ALIMENTARY CANAL.

ANNE-STREET,
August 12, 1824.

LATE Mr. ———, æt. 32. The left cavity of the chest contains about a pint of serous fluid tinged with blood.

Several adhesions between the pleura pulmonalis and costalis.

A large portion of the left lung is in an ecchymosed state :—this lung is hardened, and when cut into is found filled with innumerable minute tubercles, granular to the touch, and of a light greyish color.

The right lung exhibits nearly the same appearance as the left.

Bronchiæ,—lining membrane, inflamed and ulcerated.

Pericardium,—contains about three ounces of a watery fluid.

Heart,—presents a dropsical appearance owing to an effusion of serous fluid between its substance and its serous membrane.

In the cavity of the abdomen is half a pint of a watery fluid.

Omentum,—destitute of fat.

Stomach,—external coat, thicker than natural, its mucous coat is thrown into numerous irregular rugæ, the surface of which is highly florid and vascular; between these rugæ it has a purulent appearance.

Duodenum,—exhibits the same appearance as the stomach.

In the remaining small intestines, the same disease is observable but in a less degree.

Colon,—thickened and contracted, its mucous coat, especially the transverse portion, is inflamed, ulcerated, and, in many places abraded, some of

the ulcerations resemble small-pox pustules ;—in the sigmoid flexure are several red patches.

Rectum,—exhibits a good deal of the same appearance.

Gall-bladder,—contains bile of a pale yellow color. The body was examined by Mr. Adams, assisted by Mr. Harrison, Earl-street.

OBSERVATIONS.

THE tuberculated and otherwise disordered state of the lungs here described, may be considered as an every day occurrence, and to this source may be referred the pulmonary symptoms the patient complained of.

The inflamed and ulcerated condition of the mucous membrane of the bowels is sufficient to account for the pains, tormina, tenesmus and the muco-purulent discharges tinged with blood. But a question here arises as to the cause of this morbid condition. In all cases like the present, the lining membrane of the bronchiæ, trachea and larynx is inflamed and ulcerated: this diseased appearance can be traced to the fauces, as far

as the eye can reach, to the palate and tongue, and backwards to the pharynx, œsophagus and alimentary canal, causing, in the fauces, irritation, cough, hoarseness, dyspnœa and muco-purulent expectoration often tinged with blood; in the tracheal tube, the same set of symptoms; in the pharynx and œsophagus, a sense of soreness and difficulty of swallowing; in the stomach, heat, tenderness, flatulence and loss of appetite; and in the bowels, tormina, tenesmus or diarrhœa with muco-purulent discharges tinged with blood; it would appear then that this morbid action is the same, producing effects, according to the situation of the lining membrane engaged; its extension may be ascribed to continuity of surface, to sympathy and similarity of structure and function, and the slowness or rapidity of its progress depends a good deal on the state of the constitution and the degree of irritability of the mucous surface.

Phthisis pulmonalis may exist unaccompanied by any ulceration of the tongue, fauces or alimentary canal; it may exist unaccompanied by any ulceration of the stomach and bowels, while the tongue and fauces are inflamed and ulcerated, but I have not seen any instance of the converse of this,—I mean, a diseased state of the alimentary

canal unaccompanied by a previously diseased state of the tongue and fauces.

It is deserving of notice, that in this instance the stomach presented a folded or rugous appearance in an extraordinary degree, on the upper surface of the folds or rugæ, were numerous minute florid vessels, while their sides and lower surfaces were covered with a brownish or cream-colored purulent matter ; those parts not folded or rugous were phlogosed or covered with the same muco-purulent matter :—marks of the same disease were visible in the small intestines, and still more evident in the colon, some portions of which had distinct ulcerations resembling small-pox pustules.

During the winter of 1822, I first visited Mr. L——, the subject of this case, then living in Earl-street, when attacked with hemoptysis and cough accompanied by an irregular fever and by purulent expectoration.

In the summer of 1823, he retired to the country where he enjoyed a tolerable share of health ; in the following autumn he was again seized with hemoptysis, fever and fugitive pains

throughout the thorax accompanied by purulent expectoration.

In the spring of 1824, there was a considerable degree of emaciation attended by hectic fever, dyspnœa, cough and the expectoration of a whitish, greenish and yellow matter. About seven or eight weeks before death, the tongue, palate and fauces became inflamed and ulcerated, finally supervened tenesmus, mucous bloody dejections, pains in the stomach and bowels, and œdema of the feet and ankles.

Mr. L—— was of a scrofulous habit, and one sister and two of his brothers died of pulmonary consumption.

CASE XVI.

CASE AND DISSECTION.—LYMPHATIC PHTHISIS.

IN November 1823, Mr. ———, æt. 22, of a delicate frame and sallow complexion, complained of hoarseness, slight dry cough, heaviness of the head and hurried breathing after slight exercise, accompanied by swellings of the cervical and axillary glands. In January 1824, there was slight hemoptysis and fever attended by a foul yellow tongue and some irregularity of the digestive organs, during the spring of this year, his temper became irritable and his thoughts gloomy, he looked delicate and sallow, and had several returns of hemoptysis accompanied by a more frequent cough and mucous expectoration; in the summer he rallied, and his countenance again wore the aspect of health, but in the ensuing November, from some indiscretion and exposure to the night air, hemoptysis and fever returned, the respiration became laborious, the rest disturbed, and the digestion impaired. Early in 1825, emaciation commenced, and was soon followed by debility, perspiration and a diminution of appetite. During the summer of this

year, there was again some return of health and spirits; in the following autumn and winter, in consequence of repeated colds caught in the discharge of his professional duties, being then a curate of the established church, the hemoptysis became more violent and the expectoration greenish or yellowish, the urine was deficient and turbid, the belly tympanitic and the dejections morbid.

Early in 1826 confirmed hectic set in; some slight amendment took place during the summer; in October, the hemoptysis was violent, the respiration more laborious, and the expectoration scanty, and mucous or muco-purulent—perspirations, diarrhœa and delirium closed the scene.

During the first eighteen months, little, if any thing, was done, the complaint was regarded as a common cold, not requiring medical aid:—afterwards recourse was had, at different periods, to blood-letting, blistering and digitalis, the laurel-water, aperients, opiates, demulcents and expectorants; to the blue pill, ipecacuanha and the acetate of lead—at one time a low, at another a full diet was recommended.

December 6th, 1826. Dissection by Dr. Stewart.

There are firm and universal adhesions between the pleura pulmonalis and costalis on both sides of the thorax.

The pericardium, diaphragm and pleura are also firmly united.

The left lung is crowded with tubercles of different sizes; they are enclosed in distinct cysts and contain a cheesy, curdy or purulent matter.

The right lung is similarly diseased, but in a greater degree than the left.

Pericardium,—thickened, it contains about four ounces of a watery fluid.

Heart,—larger and firmer than natural, the coronary veins are thrice their usual size and gorged with blood, the serous membrane of the heart is thickened.

Trachea,—its lining membrane has an inflammatory and ulcerated appearance.

Liver,—hardened, enlarged and granular to the touch, and when cut into is found tuberculated, the right lobe is adherent by firm bands to the diaphragm.

About a pint of a greenish fluid is discovered in the cavity of the abdomen.

Gall-bladder,—small, and contains bile of a light yellow color.

Spleen,—hard, enlarged and of a darker hue than natural.

Stomach,—a great portion of its mucous membrane is thickened and indicative of chronic inflammation and ulceration.

Intestines,—the same morbid appearance, in a greater or less degree, is here observable, the colon is considerably distended with flatus.

The venous system, generally, is enlarged and gorged with blood.

Aorta,—its lining membrane near the heart, has a preternaturally red appearance.

OBSERVATIONS.

IN the last stage of such a disease, what remedies can avail?—bleeding, blistering, digitalis, acetate of lead, laurel-water, &c. were prescribed, and were they not worse than useless?

Did they not weaken the vital powers and exhaust rather than serve the patient? the pil. hydrarg. and mild aperients, by promoting the secretions and regulating the bowels, and opiates, by easing the cough and procuring rest, afforded considerable relief. Three years before, when this young gentleman was attacked with swellings of the glands of the neck and axilla, accompanied by a dry cough, slight dyspnœa and hemoptysis, might not sedative remedies and a sedative regimen, aided by the application of counter-stimulants to different parts of the chest and a more genial climate, have arrested the progress of this malady?

I think they might, and perhaps this is the principal practical question to which the dissection gives rise.

The same diseased action which attacked the glands of the neck, axilla, and lungs, had com-

menced in the liver and spleen, and to the disorganised condition of these viscera, and of the alimentary canal, we may refer the various symptoms under which this patient laboured.

The entire lymphatic system of the lungs and liver was deranged, and slowly proceeding through the inflammatory and suppurative stages:—in the latter stage, the matter produced has a cheesy, curdy or lympho-purulent appearance, to which the term tubercle or scrofula is commonly applied, and when found in the lungs the disorder is called scrofulous or tubercular phthisis.

The different organs and textures of the body in a state of health perform different functions and secrete fluids of different qualities; inflamed or otherwise disordered, their functions are deranged, and their secretions are not only vitiated but they necessarily differ in quality and appearance; we cannot expect from vessels carrying lymph a matter like that produced from vessels carrying blood, nor from *serous* membranes the same matter as that produced from *mucous*, the inflammatory action is the same, but the product differs with the difference of the organ, or of the texture and function of the part affected.

The existence of lymphatic glands in the lungs, (the bronchial excepted) has not been proved, but none deny the existence of lymphatic vessels; what are lymphatic glands but a congeries of lymphatic vessels joined together by cellular texture?—in the bronchiæ and mezentery they are visible in a state of health, in the cervix, axilla, groins, arms, &c., they are visible only in a state of disease, and then they are denominated scrofulous glands; so it is with the lungs, they too abound with lymphatic vessels and glands, but these are only apparent when enlarged by disease, and then they are designated scrofulous tubercles. and whether in the lungs or the neck they present the same symptoms and appearances; in a state of inflammation, we find, heat, swelling, fugitive pains, accompanied by fever, high or low, according to the extent and number of the lymphatics affected; in a state of suppuration, a cheesy, curdy or lympho-purulent matter, it appears then that these tumors in the neck, axilla and lungs though differently named are no more than diseased lymphatic vessels, or evolved lymphatic glands, now, as in cases of inflammation of parts supplied with blood-vessels, a certain mode of treatment is often adopted with success, why not pursue the same practice in inflammation of the lymphatics, making due allowance for the difference of struc-

ture, and function of the vessels and textures affected? why bleed, blister, and prescribe aperients, mercurials, antimonials and a low regimen in the one case, and a full diet, wine, bark and chalybeates in the other? the reason is, that the disease of the lymphatics is called scrofula, and scrofula is supposed to be a disease of debility; this is a capital error, and in its practical consequences replete with mischief; no doubt scrofula often appears in the young and debilitated, but, does it not as often appear in the strong and robust? look at the peasant and soldier of these countries, more especially in the northern districts, and in many, perhaps, even in the majority will be found marks of scrofula in the neck, axilla or in other parts of the body, yet, where on this globe are to be seen a braver, or a more robust and hardy race? It is true we daily witness this disease in the ricketty, the puny and debilitated, but then we see it in all its virulence, and in its advanced stage, but, let us only look back a few months or years, and contrast the then lively looks and healthy air of the individual who now appears before us, wan, dejected, emaciated, and does it not prove that the health was broken down by disease induced or developed, and subsequently, as too often happens, neglected or mismanaged? does it not further show that the views taken of

this complaint are ill-founded and visionary?—the digestive organs, it is said, are weak, why then oppress and stimulate them by animal food and fermented liquors, and give them a task they are not able to perform? the secretions are deficient and vitiated, and the bowels torpid; is this the time to administer bark, steel, carbonate of lime, remedies, which, under such circumstances are calculated to check the secretions and aggravate the disease, which consequently becomes protracted and difficult of cure:—from its long continuance the body is still more debilitated, and, when the mezenteric glands are inflamed or suppurated, the fountain of nutrition is, as it were, dried up;—in such a case, to order a full diet and tonic medicines, is losing sight of the disease and prescribing for its effects, hence the numerous failures and the despair of practitioners as to finding any remedy for the cure of scrofula, and hence the deformities or death so often observed to follow its attacks.

This complaint when occurring in the lungs is called scrofulous or tubercular phthisis; these epithets are objectionable, because associated with the idea of debility or of some undefined acrimony of the fluids, they give rise to a practice wavering and injurious:—the main object is to discover its

nature, for this ascertained, the treatment will be scientific, and if not successful, will be innoxious. Were I allowed to form an opinion on this subject, grounded on observation and experience, I would say that the scrofulous tubercles of the lungs are lymphatic vessels, or a congeries of lymphatic vessels called glands in a state of inflammation and suppuration, consequently that the epithet lymphatic would be more appropriate, as it at once expresses the seat and nature of the disorder, and directs the practitioner to a rational mode of treatment.

Obscure in its origin and slow in its progress, lymphatic phthisis, is a disease alike insidious and dangerous, and often proceeds to an alarming height without exciting any serious apprehension; in our inquiry, therefore, we should not only take into account the present state but the past history of the patient, such as the healthy or diseased condition of the glands of the neck, axilla and mezentery, the effects of dentition, vaccination, hooping-cough, scarlatina, measles, &c., and never lose sight of the state of the digestive and respiratory organs, for it is clear that visceral obstructions, by giving rise to congestion, irritation and inflammation of the lymphatic-system frequently cause lymphatic or tubercular phthisis.

We daily witness swelling, hardness, pain and redness of the lymphatic glands of the groin, in consequence of the irritation induced by blennorrhagia; the same symptoms arise from the irritation of a chancre on the penis or scrotum, or from the absorption of the syphilitic virus. Inflammation of the lymphatic glands of the upper parts of the legs, thighs and arms, proceed from injuries or diseases of the feet and hands; the cervical glands often swell from the application of blisters to the nucha or head, and the axillary, from disorders of the mammæ, &c.; these facts are worthy of consideration, inasmuch as they show the excitability of the lymphatics, and the necessity of keeping this system of vessels in a healthy condition, for it is well known that pulmonary consumption is often preceded by swellings and inflammation of the lymphatic vessels and glands of the neck, axilla or thorax; a principal object therefore in the treatment of patients of irritable habits, or of those born of consumptive parents, is to diminish or remove this irritability, by giving tone to the constitution and preserving in a healthy condition the different organs and functions of life. Among the various remedies employed for this purpose, I shall now only observe that a light cooling and moderately nutritious diet is preferable to a full diet of animal

food, jellies, soups, &c. ; that wine is, for the most part, unnecessary, and often injurious by its stimulating qualities, and that the best remedies are such as are calculated to promote a healthy state of the secretions, particularly of the abdominal viscera.

I have stated that lymphatic phthisis is obscure in its origin, and of slow growth, there are symptoms, however, by which its approach may be detected, and, in some cases, in time sufficient to arrest its progress,—these are, an appearance of delicacy in the expression of countenance, and in the frame of body, a slight cough or rather hem, generally unattended by expectoration, and seldom noticed by the patient or his friends, and if noticed by strangers not acknowledged ; the pulse is above the natural standard, and easily excited, the respiration is hurried by slight causes, and there is frequent palpitation ; a face commonly pale or sallow, is easily flushed, a sense of weight or fulness is frequently felt in the head, accompanied by vertigo or tinnitus aurium, the usual exercises are followed by lassitude and languor, and there is a slow but gradual emaciation.

As the disease advances, slight fugitive pains and a sense of oppression and weight are occasion-

ally complained of in the chest and aggravated by a deep inspiration, the digestive organs are disturbed and the excretions assume a preternatural appearance, a low irregular fever comes on, indicated by thirst, heat of skin, slight chills, frequency of pulse and whitish tongue ; such is a general outline of the complaint in its first stage, when there is some hope of checking its progress : —in its second or confirmed stage, the symptoms are so prominent and so dangerous, they can neither be mistaken nor removed ; it is worthy of remark, that the sputa in tubercular phthisis, are seldom tinged with blood ; these tubercles are found in distinct cysts, and being the product of diseased lymphatic vessels and glands, we cannot expect them to contain blood, but we discover a cheesy or curdy matter varying in color and consistence, according to the intensity and duration of the disorder, resembling the curdy whitish and wheyey matter detected in the lacteal glands of the myzentery when inflamed and suppurated.

It is curious and deserving of notice, that these tubercles should not only be compared to milk in the shape of cheese, curds, cream or whey, but that the taste of the sputa should be the same, saltish or sweetish, and when in a state of putrefaction, both products should be equally offensive.

Is not the schirrous appearance so frequently noticed in the ulcers of the lungs, an additional argument in proof of the glandular nature of tubercular or lymphatic phthisis ?

Among the means of prevention, setons or issues established in different quarters of the thorax, often prove highly serviceable, and in detecting some of the more early signs of this disease as well as the portions of the lungs most affected, considerable aid may be derived from the skilful application of the stethoscope, invented by the late scientific and distinguished Monsieur Laennec.

Clothing sufficiently warm to protect the body from the vicissitudes of the weather is, at all times, necessary. A pure dry air, a serene sky, and an equable climate are often recommended, and no doubt, are very desirable ; but, where are they to be found ?—Every country has its disadvantages ; in one, sultry heats and chilling dews ; in another, intense cold ; in a third, sudden vicissitudes of atmosphere ; in a fourth, fogs, clouds, torrents, storms, or earthquakes ; or we find that hot suffocating wind the Sirocco, or the cold piercing Bise, or that foul destructive

air, the Malaria, or those pestilential vapours that arise from stagnant marshes ; in short, whithersoever we go, we find some drawback—a something still wanting ; why not then, especially when foreign travel and a foreign residence are impracticable, look to our own resources ?—in them we may discover what will compensate us for the absence of the brighter skies of more southern latitudes. When the lungs are ulcerated and hectic-fever sets in, foreign travel is worse than useless, it is injurious, for it subjects the invalid to cold, wet and fatigue, to many inconveniences and bad accommodation ; and when we reflect on the want of almost every comfort in Southern Europe, on the absence of friends and society, and on the certainty of possessing these advantages at home, I do not hesitate to say, that in a well-regulated temperature of a large commodious dwelling, situated in the country, and protected from the easterly and north-easterly blasts, better health, more happiness, and longer life will be enjoyed than in France, Italy, Spain, Madeira, or in the isles of the Mediterranean.

I need not here dwell on the benefit that results in the early stage of this disease, from early

hours, horse-exercise, sea-voyages,* temperance in eating and drinking, the use of hot and cold baths, and of some mineral waters ; nor on the advantages that flow from a regular and useful employment of the mind ; nor, is it necessary to insist on the utility of preserving a healthy condition of the secretions ; these things are obvious, and the remedies are known to every practitioner. Here, as on other occasions, I contend for a principle,—my object is, the discovery of truth.

* Short voyages, as the passage from Dublin to Liverpool or Bristol, may be considered, in respect to their effect on the constitution, pretty nearly as emetics, which sometimes prove injurious. Why not then send our patients to the United States, a voyage of about thirty days?—and the American packets at Liverpool will be found to afford not only every comfort but elegant accommodation.

CASES OF RECOVERY.

CASE I.

A CASE OF RECOVERY FROM PHTHISIS PULMONALIS, UNDER CIRCUMSTANCES APPARENTLY VERY UNFAVORABLE.

HARCOURT-STREET,

Oct. 19, 1823.

MR. ———, æt. 32, of a pale, sallow complexion and spare habit, during the last ten months has been losing flesh, strength and appetite; the digestion has been imperfect and the rest disturbed; at one period he has been subject to a dry, teasing cough; at another, the cough has been attended by gross purulent flaky expectoration:—hectic-fever is now present;—pulse 124, weak and irregular; skin dry, harsh and dusky; tongue whitish and tender, thirst, emaciation, pain in the right iliac, dyspnœa on making any bodily exertion; bowels constipated; sense of heat, tenderness and distension in both hypochondria.

Vesic^m. Regioni Iliacæ dext.

Pil. ex ext. Col. C.

Oct. 21st. Pain relieved by the blister ; feels easier after the operation of the pills ; pulse 120 ; appetite somewhat improved ; cough very troublesome ; expectoration purulent, partly whitish and partly brown-colored ; fæces dark ; urine deposits a yellow and a milky deposit. This gentleman has been living on a very spare diet ; at present he takes animal jellies.

Pil. Rhei C. cum ex. Col. C.

Mist. Mucilag. cum Tinct.

Opii pro tussi.

Oct. 26th. Cough abated, expectoration not so copious ; two or three dejections daily ; fæces, at one time, scyballous, at another, indicative of vitiated bile ; hectic-fever diminished, better appetite.

Cont'. Med'.

Takes chicken for dinner and two glasses of claret.

Nov. 6th. Expectoration less purulent and not so dark-colored ; fever abated ; feels some return of strength and spirits ; is uncomfortable in his feelings unless he has two or three full dejections in the twenty-four hours ; is obliged to increase the dose of the opening pills ; complains of

acidity of the stomach ; lives in apartments heated to about 56°.—Fahrenheit.

Pil. Cath. omni nocte.

Haust. ex rheo et magnesia

Omni mane.

C^r. Mist. anodyn. pro tussi.

Nov. 13th. Skin now moist and of a more natural appearance ; fæces more consistent, finds sensible relief after every evacuation ; pulse 98 ; tongue cleaner ; expectoration less copious and purulent :—takes two glasses of claret, animal jelly and some white meat daily,—complains of flatulence.

Infus. amar. cum

Spir. Ammon. Arom.

C^r. reliqua.

Nov. 20th. Is now able to read and to walk about his room for an hour without fatigue,—pulse 88.

Cont^r. omnia.

Nov. 24th. Cough and expectoration abated ; two or three consistent dejections daily ; urine la-teritious ; sleep refreshing ; appetite and strength improving.

Cont^r. omnia.

Nov. 30th. Takes an egg for breakfast, one

or two glasses of animal jelly for lunch, some fresh meat with vegetables for dinner, and about half a pint of claret after dinner; tea or coffee with bread and butter in the evening.

Cr. Omnia.

Dec. 7th. Feverish and fretful for two days past, owing, he says, to his bowels not having been sufficiently opened; pulse 94, gaining strength, breathing easy, expectoration diminished in quantity.

Haust. ex Infuso Sennæ,
Scam. et Sulphate Magnesiae.

Dec. 14th. The aperient lost its effect, in consequence of which, the cough became troublesome, the expectoration gross and copious, and the pulse frequent, accompanied by diminished appetite and disturbed rest:—the aperient was changed; as soon as the bowels were fully opened the symptoms became moderate, and there was a restoration of strength and spirits. To-day the fæces are consistent and of a brownish-yellow; the urine is lateritious, the tongue foul and yellow; pulse 90 to 100; expectoration cream-colored and sinks in water; takes his usual diet and wine.

Dec. 21st. Is obliged to vary the purgative

every third or fourth day ; loss of appetite and spirits when the bowels are confined ; small blisters have been repeatedly applied to different parts of the chest, and they have eased the cough, the fugitive pains and the heat or sense of constriction felt in that quarter ; expectoration diminished and less purulent.

Dec. 28th. Gradual amendment ; takes aperients and the full diet with wine as usual.

1824—Jan. 20th. Is now able to remain in a cold room for several minutes without coughing ; requires the purgative as usual ; feels better in every respect.

Feb. 12th. Gaining health and strength ; slight cough ; no purulent expectoration ; takes the purgative.

March 17th. Continued amendment ; on sudden vicissitudes of the weather is subject to cough and hoarseness.

May 28th. Is able to go abroad.

COMMENTARY.

THE favorable termination of this case was contrary to my prediction and the expectation of the family; and when the reader reflects on the symptoms,—the gross purulent expectoration, the dyspnœa, emaciation and debility, the hectic-fever, loss of appetite and rest, and the long continuance of the disease, he will, perhaps, agree with me in thinking that there was not, at the time I first saw the patient, any rational grounds for entertaining hopes of his recovery.

During my attendance, tubercles were, at different periods, thrown up :—the cavities made by the discharge of so much purulent matter must have subsequently healed, as there was a cessation of cough, expectoration and hectic.

Small blisters applied to different parts of the chest always afforded relief;—opiates procured considerable ease, they abated the cough and procured rest, and, at no one time, did they check expectoration; but these remedies, in such a case, are to be regarded only as palliatives and valuable auxiliaries. To what then are we to ascribe the recovery of this patient? To the use of purgatives, a nutritious diet, wine in moderate quan-

tity, and a well-regulated temperature :—for more than three months he took active purgatives, once, twice, or thrice, daily : the quantity of fecal, bilious and morbid matter thus carried off, was great, yet there was nothing in the appearance or feel of the abdomen very unusual.

From the necessity of repeating so frequently, active purgatives, I am disposed to think that there was a deficiency of nervous energy in the whole abdominal viscera, especially the colon, and that there was considerable torpor of their secreting vessels. When the bowels were confined the feelings of the patient became very uneasy ; he lost his appetite, and was hot, restless, and dejected ; when emptied, every function of life seemed again to be restored, and he felt light and chearful.

I found from experience that small quantities of claret and a nutritious diet, while they improved the strength and spirits, rather diminished than increased the hectic. This may be regarded as a curious and instructive case ; I cannot recal to my recollection any other precisely similar, and should I now be asked why purgatives were exhibited so freely, my reply is, because they afforded decided relief.

This patient had consulted different physicians, who considered his case as hopeless.

The medicines were procured at the house of Mr. Stringer, Aungier-street.

This gentleman has had no return of his complaint, and is now (March 29, 1828,) in the enjoyment of good health, and still living in Harcourt-street.

CASE II.

A CASE OF RECOVERY FROM PHTHISIS PULMONALIS,
IN CONSEQUENCE OF A CHANGE FROM A LOW TO
A GENEROUS DIET, AND FROM SEDATIVE MEDI-
CINES TO WINE AND CORDIALS.

HARCOURT-PLACE,
Feb. 20, 1822.

Mrs. ———, æt. 49, is pale, weak, and emaciated; sight imperfect; speech inarticulate; pulse feeble, frequent and irregular; skin cool and constricted; tongue white; breathing oppressed. This lady has been living on a low diet, and has been using the tincture of digitalis for the cure of pulmonary consumption, under which she has been labouring for many months.

Omit the digitalis and give spiced wine.

Haust. Aromat.

Feb. 21st. Was revived by the wine; cough not quite so troublesome; expectoration of a greenish-yellow; breathing less oppressed; no pain in the side or chest; pulse 120; some rest; body constipated; complexion sallow.

Pil. Hyd. cum. ex. Col. C.

Mist. Acaciæ c. Tinct. Opii

pro tussi.

Chicken-broth and mulled wine.

Feb. 26th. Thinks herself stronger, and says her cough and breathing are relieved ; pulse 116, more regular ; dejections yellow and greenish ; urine turbid. Takes chicken and three or four glasses of claret daily.

Cont^r. Med.

Feb. 30th. Refreshed and strengthened by the meat and wine ; better rest ; fæces saffron-colored ; urine lateritious ;—is able, with a little assistance, to walk about her room :—the temperature of her chamber is, 60°. to 61°.—Fahrenheit.

Cont^r. Omnia.

March 12th. Gradual amendment ; cough abated ; expectoration cream-colored and sinks in water ; hectic-fever diminishing.

Cont^r.

March 30th. Takes wine, flesh-meat and animal broths or jellies daily ;—says she is stronger ; to relieve languor or oppression takes occasionally the hartshorn or camphor-mixture.

April 20th. The recovery of flesh and strength is slow but gradual ; hectic-fever abated.

May 10th. Gradual improvement ; seldom requires any aperient ; cough not troublesome.

June 16th. Has taken an airing in a carriage ; an irregular low fever is still present, which she says, is diminished by the use of wine and water, or, by a drive into the country.

July 10th. Was able to undertake a journey of seventy miles ; is now in the west of Ireland where she is recovering flesh and strength.

COMMENTARY.

WHEN first called on to visit this patient her pulse was preternaturally slow, her countenance pale, her eye fixed, and her speech inarticulate ;—the extremities were cold, the emaciation was considerable, and there was every appearance of approaching dissolution. Under these circumstances I recommended wine and a cordial draft ; on the day following, the pulse was improved, and the energies of the heart and nervous system were, in some degree, restored. The emaciation and faintishness were ascribed to a low diet and the use of digitalis, a diet more nutritious was therefore allowed and the digitalis discontinued ; and

as the wine already taken seemed to agree with the constitution, and to promote appetite and spirits, and as it neither increased the cough nor hurried the respiration, it was administered daily in moderate quantity. Opiates procured rest, eased the cough and did not check expectoration. In this case moderate doses of the pil. hyd. and ex. col. C. or of rhubarb and magnesia, were sufficient to keep the bowels free, and these were only occasionally exhibited, while in the former case, from the torpidity of the abdominal viscera, it was necessary to give active purgatives daily. The heat of the apartments was preserved at a temperature from 60°. to 61°.

There was no accession of fever from the use of flesh-meat, animal jellies, or wine. Mrs. — is now in the west of Ireland, where she enjoys a tolerable share of health.—Feb. 1824.

The medicines were procured at the house of Mr. Stroker, Great Britain-street; and during my attendance, this lady was frequently visited by Dr. M'Munn.

This patient lived nearly three years after the time I first saw her.

CASE III.

HEPATIC PHTHISIS.

ECCLES-STREET,

June 4, 1816.

Mrs. B——, æt. 21, of a sallow complexion, subject to scrofulous swellings of the neck, and born of parents who have often laboured under diseases of the liver, for three years has been subject to a slight cough, dyspnœa and palpitation, preceded or accompanied by fugitive pains in both hypochondres, occasionally shooting to the shoulders ; or by a sense of weight or fulness in the right side ; these symptoms have been attended by a low irregular fever, by acidity or flatulence of the stomach, by constipation and a diminished appetite ; about a year ago an eruption of the furfuraceous kind appeared on the face, and within the last four months the affection of the chest has become more violent.

Blisters, aperients, mucilaginous mixtures and anodynes have been prescribed.

During the last week has complained of pain in the loins and head, of vertigo, loss of appetite and strength ;—tongue yellow, fæces blackish, urine

lateritious, pain in the right hypochondre and shoulder augmented by pressure, fever, troublesome cough, slight hemoptysis.

Hirud. xx. hypochondrio dextro.

Pil. Hyd. gr. v.—h. s.

H. Cath. Salin. cras mane.

June 5th. Relieved by the application of the leeches and the operation of the medicine, fæces tar-colored, urine lateritious, cough abated, no hemoptysis.

Cont^r. Pil. Hyd. et Haust.

June 10th. The symptoms continue, but less violent; eruption on the face almost removed.

Vesic^m. hyp. dextro.

C^r. Pil. et Haust.

June 16th. Some amendment, fæces yellowish, urine more natural, cough, dyspnœa and palpitation abated.

C^r. Pil. et Haust.

June 25th. Occasionally a sense of constriction is felt in the sternum accompanied by a dull pain; cough troublesome, slight hemoptysis, excretions of a more natural appearance,—has been exposed to the night-air.

Hirud. xij. Sterno.
Omitt^r. Pil. Hyd.
Hab^t. Haustum, p. r. n.
Mist. acaciæ cum tinct.
Opii pro tussi.

June 30th. Pectoral symptoms relieved,
digestion improved.

Cont^r. Med.

July 11th. Teazing cough, pain in the left
side, dyspnœa, fever.

Vesic^m. Lateri sinistro.

July 14th. Better in every respect.

July 20th. Is subject to vertigo and head-
aches, and the breathing becomes oppressed when
the bowels are confined.

Pil. Cath.

August 6th. Is susceptible of every change of
the weather.

Ordered to the country.

COMMENTARY.

THIS is a case of hepatic phthisis, a formida-
ble disease which requires at the onset a judicious
and decided line of treatment ; the complaint of
the liver was prior to that of the lungs, and being

obscure, gave rise to an alarming train of symptoms before it was fully developed or suspected ; hence the teasing cough, hemoptysis and hectic fever, hence, the full display of chronic inflammation and enlargement of the liver with all its attendant symptoms of indigestion, and hence I fear the development of tubercles in the lungs. For the present, the patient is considerably relieved, but phthisis pulmonalis is ultimately to be apprehended. The cough, dyspnœa and palpitation which appeared early in the history of the case served to mark the lurking and primary disease of the liver, and, unfortunately, improper or frivolous remedies were administered, whereas, had just views been taken of the complaint at its commencement, and efficient means employed to arrest the progress of low inflammation of the liver and correct its morbid actions, have we not reason to say that the progress of disorder in the lungs might have been prevented ? And this appears to be the useful practical question to which the case gives rise.

On inquiry, I find, that this lady died in the county of Armagh of pulmonary consumption, in the year 1820.

The medicines were procured at the house of the late Mr. Ryan, Church-street.

CASE IV.

SYMPTOMS OF CONSUMPTION THREATENING ABORTION IN THE FIFTH MONTH OF PREGNANCY.

NORTH KING-STREET,
Dec. 16, 1815.

MRS. S——, æt. 31, of a full plethoric habit, subject to head-aches, cough, præcordial oppression and the varied symptoms of indigestion ;—at present complains chiefly of dyspnœa, hæmoptysis and a teasing cough.

Tongue yellow, skin hot, pulse 102, constipation, no appetite, is five months pregnant.

V. S. ℥viij. vel ℥x.
Mist. ex Infuso Rosæ et.
Sulphate Magnesiæ.

Dec. 17th. Relieved by the bleeding ; blood buffed and cupped ; three dejections resembling tar, urine lateritious.

Pil. Hydr. gr. v. omni nocte.
M. Cath. omni mane.

Dec. 20th. Fugitive pains in both hypochondria and in the right shoulder, fæces green and dark-colored, urine turbid, pulse 100, tongue loaded and yellow, thirst.

Hirud. xx. hypochondrio dextro.
Cr. Pil. et Mist. Cath.

Dec. 26th. Considerable ease from the application of the leeches, excretions more natural, sense of stricture in the sternum, dyspnœa, return of hemoptysis and cough.

Hirud. xxiv. Sterno.
P. Jacobi. c. Pil. Hyd.
Omni. nocte.
Mist. Cath.

Dec. 30th. Chest relieved ; taste bitterish, appetite bad, dejections dark-colored.

Cont'r. Med.

January 8th, 1816. Hemoptysis, cough, dyspnœa, fever, was exposed to a current of cold air, pain in the sternum.

Hirud. xx. Sterno.
Cont'r. Med.

January 16th. Immediate ease was procured by the application of the leeches, fæces more natural ; complains of pains shooting from the sternum to the spine.

Vesic^m. inter Scap.
Cont'r. Med.

January 26th. Troublesome cough, mucous expectoration, bowels confined.

Pil. Cath.

Mist. Anodyn. pro tussi.

Feb. 8th. Acute pain in the right hypochondre augmented by pressure, dyspnœa, slight hemoptysis, low irregular fever.

Hirud. xvj.—hyp. dextro.

Pil. Hyd. gr. v. omni nocte.

Mist. Salin. Cath.

Omni Mane.

Feb. 18th. Considerably better.

Cont^r. Med.

Feb. 26th. Subject to vomiting and to acidity and flatulence of the stomach.

Haust. Salin. Effervesc.

Cont^r. Pil. et Mist. Cath.

March 10th. Gums tender, salivation, excretions more natural, pectoral symptoms removed.

Omitt^r. Pil. Hyd.

Convalescent.

COMMENTARY.

THIS case is interesting and instructive, it shows that when disease exists, even in a state of pregnancy, active measures may be employed with

safety and advantage, and that the remedies best fitted to cure the disease are the best to prevent abortion. This lady was safely delivered by Dr. Clarke at the natural period ; has had two children since, and now (December 1827) enjoys good health. At the commencement of her illness, the cough, dyspnœa and hemoptysis led to the suspicion of approaching pulmonary consumption, these formidable symptoms, however, as appears from the sequel, were secondary only, arising from an enlarged, inflamed and obstructed liver, for, as soon as this organ was restored to its natural functions, the disordered actions of the lungs subsided.

The mother of this patient died of a disease of the liver ; her father, of phthisis pulmonalis.

CASE V.

SYMPTOMS OF HEPATIC PHTHISIS THREATENING
ABORTION AND DEATH.

NEAR BLACK ROCK.

April 11, 1825.

Mrs. ———, æt. 27, of a delicate frame and sallow complexion, subject to cough and dyspnœa from exposure to cold, and to indigestion arising from a vitiated and deficient secretion of bile, the mother of six children, and is now in the seventh month of her pregnancy; three days ago was seized with shivering, nausea, pains in her chest and right hypochondre, laborious respiration, cough and slight hemoptysis,—a blister has been applied to the chest and saline aperients have been recommended without affording relief; pulse 120, feeble; skin hot, tongue foul; frequent nausea and vomiting of a bitter yellowish fluid, pains in the chest and hypochondria, cough, dyspnœa, hemoptysis. The Surgeon General in attendance.

Haust. Sal. Efferves.

Mist. ex Infuso Rosæ et

Sulphate Magnesicæ.

Vesic. inter scap.

April 12th. Fæces dark-colored ; urine lateritious ; copious discharge from the blister. No amendment.

Hirud. xx. hyp. dextro.

Pil. Hydr. gr. v.—sextis horis.

Cont^r. Mist. cum.

Sulphate Magnesizæ.

April 13th. Relieved by the application of the leeches, pulse 110, rather stronger ; the disease continues.

V. S. $\frac{3}{4}$ x. —Cont^r. Pil. et Mist.

April 14th. Cough, dyspnœa and hemoptysis abated, shooting pains in the left hypochondre and sternum, fæces of a tarry appearance, urine lateritious, bad rest, says she felt immediate ease from the bleeding, blood dense and cupped, pulse stronger and less frequent, no symptom of abortion.

Hirud. xxiv. Partibus affectis.

Cont^r. Pil. Hyd. et Mist.

April 15th. Better rest, says she is relieved, but complains of cough and palpitation and of a sense of constriction at the sternum ; excretions not quite so morbid ; considerable flatulence of the stomach ; fever abated ; pulse 96, soft.

Mist. Camphor. cum

Tinct. Opii.

Cont^r. Pil. Hyd. et Mist. Cath.

April 16th. No return of the hemoptysis; gradual amendment.

Cont^r. Med.

April 18th. Some pain and distress in the right hypochondre and epigastrium, attended by fever and a return of cough, dyspnœa and hemoptysis.

Hirud. xvj. hyp. dextro.

Cont^r. Pil. Hydr.

et H. Cath.

April 22nd. Tenderness of the gums, slight ptyalism, excretions of a more natural appearance, pectoral symptoms almost gone.

Omitt^r. Pil. Hydr.

H. Cath. p. r. n.

April 26th. Convalescent.

The medicines were procured at the house of Mr. Bellew, Black-rock.

COMMENTARY.

ABORTION and death were predicted in this instance, and the violence of the symptoms justified, in some measure, the prediction; neither, however, occurred, because remedies suited to the

urgency of the case were resorted to. The only way to prevent abortion and death, is, to remove the cause, that is, the disease ; the practitioner, therefore, should not hesitate, from any apprehension of loss of character, to do his duty ; and when he candidly states the danger of the patient, and the proper remedies to be employed, whatever may be the event there is no doubt but his character and conduct will be praised and approved of.

It may not be irrelevant to remark, that the pectoral symptoms abated as soon as the mercury began to exert its influence on the gums, and when the vital organs were relieved by evacuates, the pulse became stronger and more natural.

DISEASES

OF

THE HEART.

DISEASES of the heart are often obscure and mistaken for diseases of the lungs or nerves.— They are accompanied by palpitation, dyspnœa, tremors, a frequent, irregular and often feeble pulse, faintishness, a sense of sinking, a slight cough and mucous expectoration. Hence they are usually classed with the affections called nervous, and, considered as arising from debility,—tonic and stimulating remedies, bark, wine, steel, valerian &c. are usually administered.

The cases and dissections here detailed would lead us to infer that diseases of the heart are often of an inflammatory character.

Instructed by the morbid appearances presented by these dissections, I have, of late years, adopted a mode of treatment different from that

I had formerly pursued and with a greater degree of success than I had previously experienced.

A few cases, in confirmation of the good effects of this mode of treatment, I now beg leave to submit to the consideration of the reader.

The disease called angina pectoris, is commonly supposed to proceed from ossification of the coronary arteries; though it has occurred to others to witness this morbid appearance, (see Dissections, p. , reported to me by Dr. Black, of Newry,) were I to form an opinion on this head, from the examinations at which I have been present, I should conclude, from never having found these arteries ossified, that this is a rare occurrence, and that angina pectoris generally proceeds from other causes.

Moreover, on a review of these cases and dissections, I find that diseases of the heart are often accompanied or followed by rheumatism of the joints or muscles, especially when this complaint was neglected or mismanaged; should, therefore, pain or palpitation, præcordial oppression, dyspnœa, or a sense of constriction of the

heart, arise during the continuance of rheumatism, there will be reason to apprehend that inflammation is going forward in this organ, which must terminate fatally, if not arrested in its progress by prompt and decisive measures.

CASE I.

CASE AND DISSECTION.—CONSIDERABLE ENLARGEMENT OF THE HEART, GENERAL ADHESION OF THE PERICARDIUM.

BRUNSWICK-STREET,

April, 1816.

MR. F. æt. 43, of a full plethoric habit, during sixteen years was subject to asthmatic paroxysms, to palpitation of the heart, to fugitive pains in the upper and lower extremities and to a varying pulse, often hard, throbbing, frequent, irregular and intermitting; these paroxysms were induced by the extremes of heat and cold, by fogs, intemperance and certain odors; sometimes on going up an ascent or walking quickly he would complain of a sense of suffocation and faintishness, turn pale or livid, and be obliged to stop, sit down or lay hold of whatever could support him: the paroxysms often terminated by copious gross expectoration, or by perspiration.

During the last five years of his life he laboured under continued dyspnoea, which was augmented by anxiety, indigestion, exercise on foot and the vicissitudes of the weather.

About three years ago had several threatenings of apoplexy;—during the past twelvemonth was subject to fugitive gouty pains and considerable derangement of the digestive organs, and was thrice attacked with anasarca of the lower extremities.

During the last week of his illness, the prominent symptoms were orthopnoea, sense of weight and oppression in the region of the heart, fulness and tension of the abdomen, œdema of the feet and legs, obstinate constipation and scanty reddish turbid urine.

Ten days before his death he was able to attend to the duties of a public office.

Dissection by Mr. M'Namara.

Cartilages of the ribs ossified.

Right lung,—adherent nearly throughout its entire extent to the pleura and mediastinum; at its superior part, where there is no adhesion, about a pint of a watery fluid is collected; a great portion of this lung is hepatised and the mucous membrane of the bronchiæ is highly vascular.

Left lung,—the same adhesions and the same quantity of fluid as in the right, the cellular substance is inflated with air ; there is no appearance of tubercle or ulceration.

Pericardium,—a portion of its surface has a honeycomb appearance, on other portions is deposited a large quantity of fat, the pericardium adheres to the heart throughout its entire extent.

Heart,—enlarged to nearly thrice its natural size, its pericardial covering has lost its smooth appearance in consequence of the adhesion, and is flocculent and opaque.

Substance of the heart,—has lost much of its fibrous texture ; it is pale and soft, and where it forms the parietes of the right ventricle appears to be changed into a fatty substance exteriorly.

Right auricle,—enlarged, its walls are thin, and externally have more of a fatty than fibrous appearance.

Foramen ovale,—open, and so large as to admit a middling-sized-bougie ; it is furnished with a valve, which appears to be capable of pre-

venting the regurgitation of the blood from left to right.

Right ventricle,—enlarged and containing a layer of coagulable lymph which coats its surface.

Tricuspidal valve,—healthy.

Pulmonary artery,—has some slight opaque spots and contains a coagulum of the same kind as that found in the ventricle.

Semi-lunar valves,—natural.

Left auricle,—enlarged, its walls have more of a natural appearance than those of the right.

Left ventricle,—enlarged, thickened and coated with a layer of coagulable lymph.

Mitral valves,—thickened, tuberculated and cartilaginous.

Aorta,—coats, puckered and steatomatous towards its root, where it appears more vascular than natural; its valves are so thickened, hard and tuberculated that they must have considerably impeded the circulation of the blood.

This minute examination of the heart took place at the house of Mr. M'Namara, York-street, who, I believe, has it in his museum.

Liver,—right lobe considerably hardened and enlarged ; cut into, it is paler than natural, its peritoneal covering, in several parts, is of a whitish yellow.

Left lobe,—diminished two-thirds in bulk ; surface, irregular and tuberculated ; cut into, the substance is harder and paler than natural.

Stomach,—preternaturally large ; serous coat, thickened.

Gall-bladder,—distended with a ropy greenish yellow bile.

Spleen,—enlarged and hardened.

Pancreas,—slightly indurated.

Bladder,—contracted, coats healthy.

Kidney, right,—coated with fat ; serous coat of a greyish mottled appearance, on cutting into the glandular structure, the cortical cannot be distinguished from the tubular portion ; the centre appears to be converted into a firm brownish mass.

Kidney, left,—presents the same morbid appearance as the right, but not to the same extent.

The cavity of the abdomen contains about three pints of a watery fluid.

COMMENT.

FROM the disordered condition of the heart and pericardium the affection of this organ must have been of long standing ; the asthmatic paroxysms, the palpitation, the frequent, hard and intermitting pulse may be traced to its irregular actions and the gradual alteration of its structure.

To the causes now mentioned and to the effusion of serum into the cavity of the chest, we may ascribe the continued dyspnœa and the symptoms of angina pectoris under which this patient occasionally laboured.

The indigestion, ascites, anasarca and obstinate constipation originated in the schirrous state of the liver and spleen, and in the general disturbance of the circulating system. Shortly before death the quantity of urine excreted did not exceed eight or ten ounces daily ; as the bladder was

found empty and contracted, there must have been some deficiency in the secretion of this fluid, a deficiency to be ascribed to the alteration of structure detected in the kidneys.

It appears, therefore, that the morbid changes observed in the different viscera suffice to account for the phenomena, a knowledge of which at an early stage of the illness, might have led to the employment of remedies calculated to check the progress of disorganization.

There was no ossification of the coronary arteries, yet the symptoms of angina pectoris often presented themselves.

CASE II.

CASE AND DISSECTION.—RHEUMATISM OF THE
HEART, WITH DROPSY OF THE PERICARDIUM,
ETC.

USHER'S-QUAY,
Sept. 24, 1819.

MR. M'D——, æt. 12, complains of palpitation of the heart, (which he compares at one time to the fluttering of a bird, at another, to a vibrating chord,) of disturbed rest, emaciation, and weakness; the pulse is frequent, tense, irregular and intermitting; the breathing is anxious and oppressed, there is cough and mucous expectoration, the urine deposits a lateritious sediment and the fæces are of an unnatural appearance: these complaints are nearly of three months duration. About four months ago, was seized with a bilious fever which lasted a fortnight, ten days after his recovery from which, was attacked, in consequence of exposure to wet and cold, with rheumatic pains and fever; on the ninth day of this attack the palpitation commenced and has since continued with different degrees of violence, accompanied by pain, præcordial oppression or a sense of constriction. Blood-letting, aperients, blisters and other remedies have been employed.

V. S. 3viiij. Fil. ex Cal. et ex. Col. C.

Sept. 27th. Blood buffed and sily; temporary ease from the bleeding; urine scanty and high-colored; dyspnoea; occasionally a sense of strangulation; the same distressing sensations are felt in the region of the heart; pulse 96, hard, irregular and intermitting; dejections yellow.

V. S. $\frac{3}{4}$ ix. Pil. ex Cal. et Digital.

Sept. 30th. Relieved for a few hours by the bleeding, blood buffed and sily; little alteration in the symptoms.

Vesic^m. Lateri sinistro.

Cr. Pil. ex Cal. et Dig.

Oct. 6th. Pulse less frequent; urine more copious; the affection of the heart continues; troublesome cough.

Hirud. x. Lateri sinistro.

Cont^r. Pil.

Oct. 10th. Some ease procured by the application of the leeches; pulse 92, 116, irregular and intermitting; breathing laborious, particularly on walking up stairs.

Omitt^r. Digitalis.

Pil. ex. Cal. et P. Antimon.

Vesic^m. regioni Cordis.

Oct. 16th. Perspiration was produced by the antimonial, and this was followed by a remission

of the more urgent symptoms ; the complaint, notwithstanding, proceeds with augmented violence.

Hirud. xij. Lateri sinistro.

Cr. Cal. et P. Antimon.

Oct. 22nd. Prostration of strength ; purplish hue of the nose, feet, and fingers ; orthopnœa ; pulse feeble and intermitting ; urine scanty.

Vesic^m. Lateri sinistro.

Tinct. Digital. gutt. x. ter quotidie.

Nov. 6th. Some ease has been procured by the digitalis.

Cr.

Nov. 12th. Emaciation ; orthopnœa ; loss of appetite ; faintishness.

H. Camphor. Ammon.

c. Tinc. Opii.

Omitt^r. Digitalis.

Nov. 18th. Breathing relieved ; stupor ; difficult deglutition.

Nov. 20th. Died this morning.

Dissection by Mr. Adrien, Jun.

Pericardium,—adherent to the left side of the —

heart and contains about a pint and a half of aqueous fluid.

Heart,—enlarged to more than twice its natural size, particularly the left ventricle.

In the left lung is a small abscess containing purulent matter ; between the pleura pulmonalis and costalis, on the left side, there is an almost general adhesion.

The liver is enlarged but its substance is apparently healthy.

Mr. Adrien favored me with an account of this dissection, at which I was not present.

OBSERVATIONS.

HERE the immediate cause of death was dropsy of the pericardium, occasioned by a rheumatic, or, more properly speaking, an inflammatory affection of the heart. We find, from the history of the case, that during the continuance of the rheumatic fever there came on cough, dyspnœa, pain and palpitation of the heart, and, subsequently to

the removal of the pains of the joints these symptoms assumed a more formidable aspect. On dissection were discovered appearances strongly indicative of inflammatory action, such as, adhesions between the pleura pulmonalis and costalis, and between the heart and pericardium; an abscess in the left lung, an enlargement of the heart and a serous fluid in the pericardium: it is obvious, therefore, that the rheumatic affection of the heart was of an inflammatory nature and that evacuants, timely and decidedly employed, could alone have saved the life of the patient.

CASE III.

CASE AND DISSECTION.—DISEASE OF THE HEART
AND PERICARDIUM, MISTAKEN FOR A DISEASE
OF THE LUNGS.

GARDINER-STREET,
Feb. 12, 1813.

MISS H——, æt. 18, complains of pain in the head, left side and shoulder, of præcordial oppression, nausea and want of rest; pulse 116, tense and irregular, skin constricted, lemon-colored and on slight pressure seems cool, yet, on pressing firmly any part of the body a pungent heat is communicated to the touch; dyspnœa, palpitation of the heart on making the slightest exertion; cough but no expectoration. Yesterday 12 ounces of blood were taken from the arm and an aperient was prescribed by Mr. Barker. This is the sixth day of her illness, which commenced with shivering, headach, nausea and oppression of the chest, and the third day of her confinement to bed.

V. S. 3x. Pil. ex Cal. P. Jacobi et ex. Col. C.—H. Sal.

Feb. 13th. Blood slightly buffed, temporary ease procured by the bleeding; pulse not so tense, but still frequent and irregular; dyspnœa; pain in

the left side and upper and posterior portion of the left scapula ; lies constantly upon her back ; restlessness, thirst, nausea, vomiting ; urine turbid and high-colored, dejections of a yellowish green.

Hirud. xij. part. dol.

Cont'r. Pil. et H. Salin.

Feb. 14th. Dr. Tuomy, in consultation.—Pains alleviated ; the dyspnœa, cough, and præcordial oppression continue ; pulse weaker, its character remains unaltered ; expression of countenance dejected ; pain and a sense of weight in the forehead and occiput.

Vesic^m. Lateri sinistro.

C'r. Pil. et H. Salin.

Hirud. xvj. Temporibus.

Feb. 15th. Head relieved, pain, sense of weight and fulness in the upper part of the sternum ; tongue moist and cream-colored.

Vesic^m. Sterno.

Pil. ex Cal. Ipecac. et ex aloës aquos.

Mist. Camphor.

Feb. 16th. Breathing more oppressed ; urine scanty ; skin dry ; frequent sighing and tossing of the head.

Vesic. inter scap.

Feb. 17th. Dimness of vision, pupils dilated ; frequent sighing, moaning and tossing of the

head and arms ; pulse 124, irregular and intermitting ; dyspnœa and palpitation.

Vesic. Nuchæ.

Cf. Pil. et Mist.

Feb. 18th. Double vision.

Feb. 19th. Died last night.

Feb. 20th. Dissection by Mr. Adams,* assisted by Dr. O'Beirne and Mr. Barker.

On the surface of the brain is a watery exudation. Between the arachnoid membrane and pia mater there is an effusion of a serous fluid. The plexus choroides and the blood-vessels of the brain are paler than natural. At the base of the cranium are found about twelve drachms of watery fluid, part of this fluid is observed to flow from the theca vertebralis.

Pericardium,—considerably thickened, and adherent on all sides to the heart ; it is also adherent to the lining membrane of the left lung, the mediastinum and the diaphragm.

* Mr. Adams has lately published a valuable pathological work on the Diseases of the Heart, well worthy the attention of the reader.

On removing a portion of the pericardium from the heart a quantity of coagulable lymph is discovered.

Heart,—considerably enlarged, especially the left ventricle. Valves sound.

Left lung,—a portion of its serous surface is inflamed and a great portion of its substance hepatised. There are adhesions between the pleura pulmonalis and costalis, on both sides of the chest, and in each cavity, particularly in the left, is found a large quantity of a serous fluid.

Bronchial glands,—enlarged.

OBSERVATIONS.

MORBID anatomy serves to detect errors in practice, and to correct false theories ;—it serves also to make the physician modest and cautious in delivering his opinion as to the seat, nature and probable termination of disease.

In this case I ascribed the affection of the chest to the presence of deep-seated tubercles in the lungs, and the palpitation and oppression of the heart to the irritability and engorgement of this organ, occasioned by the difficult transmission of the blood through the lungs. On dissec-

tion I discovered that this opinion was ill-founded, and that the symptoms were chiefly referrible to subacute inflammation of the pericardium and its adhesions to the heart and adjoining membranes ; hence, the dry cough, the dull pain in the left side spreading to the left shoulder and scapula, the palpitation, præcordial oppression, dyspnœa, and irregularity of the pulse.—To the extension of the inflammation of the pericardium may be ascribed the general adhesions detected in the left side of the chest and the serous effusion in the cavities, and this effusion and the incipient hepatisation of the left lung contributed in a material degree to increase the dyspnœa and destroy the life of the patient. Notwithstanding the opinion formed of the seat and nature of the complaint was incorrect, the anti-inflammatory treatment adopted was judicious ; unhappily, two months had elapsed before medical advice was called for ; disorganization had now taken place, and no remedy could avail.

“ It is only a cold,” “ it deserves no attention,” are common expressions. I beg leave to ask, what is more dangerous than a cold ? Who can say how a cold will terminate ? Is it not the source and parent of most of the formidable disorders of our climate ?

CASE IV.

CASE AND DISSECTION.—DISEASE OF THE HEART
WITH DYSPHAGIA, ETC.

SUMMER-HILL,
May 11, 1817.

MR. ———, æt. 41, of temperate habits and of a melancholic temperament, complains of considerable pain and difficulty in swallowing, of palpitation and præcordial oppression; voice weak; pulse, feeble, frequent and irregular; countenance lurid; nose, hands and feet cold and of a purplish hue; dyspnœa; bowels constipated; urine of a natural appearance; confined to bed six days; knows no cause. During the last two years this patient has been subject to pain, vertigo and a sense of weight and fulness of the head, and, for some months, to stomach and bowel-complaints, (the food, at times passing off by the bowels unchanged,) to palpitation, and a sense of lassitude and fatigue on moderate exercise. Different medicines have been prescribed, and a blister has been applied to the external fauces without affording any relief.

May 12th. The flexible catheter was yester-

day introduced into the œsophagus without difficulty, and thus, some wine and broth were received into the stomach. Injections of broth have been frequently administered ; the pain and difficulty of swallowing still continue ; face livid, features contracted, extremities cold.

May 13th. Yesterday evening he swallowed with ease about a naggin of mutton-broth ; he has a horror of swallowing from the pain and oppression it excites, restlessness ; stupor, yet when roused, his intellect is clear ; voice so weak he can scarcely articulate ; bowels confined ; urine passed freely ; heat and uneasiness in the region of the heart so great that he often applies a napkin wetted with cold water, upon the left side :—broth, wine and aromatic draughts have been introduced into the stomach by the flexible catheter.

May 14th. Palpitation, sense of burning heat in the heart ; at times is capable, although with pain, of swallowing a little fluid ; feels a considerable degree of horror and anxiety when solicited to drink or when he looks at any fluid ; he often wets the lips and palate with a sponge dipped in wine and water ; pulse weak, irregular and intermitting ; respiration laborious ; extremi-

ties cold and livid; delirium, headach, imperfect vision.

May 15th. Died this morning.

Dissection by Mr. M'Namara, assisted by Dr. Doyle.

Stomach,—coats thickened; mucous surface of a deep purplish hue and loaded with blood; the cardiac orifice admits with ease three fingers.

Small intestines,—their mucous coat is of a deep purple color, and covered in many parts with bile and mucus. An intus-susceptio is discovered in two portions of the ilium but unaccompanied by obstruction or inflammation. There is no purplish appearance on the internal coat of the large intestines; about four inches of the ascending and descending portion of the colon are preternaturally contracted, apparently from the want of fecal matter.

Liver,—perfectly natural.

Gall-bladder,—distended with greenish bile.

Lungs,—in the right lung is a firm tubercle of a light-brown color, about the size of a hazel nut; in the left, are a few small tubercles.

Pericardium,—contains about an ounce of serous fluid.

Heart,—fatty, particularly over the right ventricle, which is diminished in size, nearly one-half; its walls are of a natural appearance; the cavity is occupied by a fibrous coagulum which extends into the auricle, diminishing the opening of communication so as scarcely to receive the point of the little finger.

Right auricle,—enlarged to about thrice its usual size; its walls are thinner than natural.

Foramen ovale,—closed.

The right portion of the tricuspidal valve is thickened and shortened, so as to be nearly incapable of preventing the regurgitation of the blood; the remaining portion is healthy, but tied closely to the walls of the ventricle from the shortness of the chordæ tendineæ.

Left auricle,—enlarged in size; the opening

of communication between the left auricle and ventricle is rendered irregular, by reason of the thickening of the mitral valve which also diminishes the aperture ; this valve is thickened in every part and cartilaginous.

Semi-lunar valves of the aorta, so much thickened at their root, as to diminish the orifice leading into the artery from the ventricle, and thereby impede the free flow of blood. The artery itself is spotted on its lining membrane in consequence of a steatomatous deposition.

This minute examination of the heart took place at the house of Mr. M'Namara, who has it now in his museum.

Brain,—a considerable quantity of serous fluid is found generally diffused between the arachnoid membrane and pia mater.

Substance of the brain,—firmer than natural ; numerous red points are observed on cutting into the cerebrum.

Lateral ventricles,—enlarged, and contain

about six drams of serum ; the third and fourth ventricles also contain a portion of a watery fluid.

Cerebellum,—healthy.

About one ounce and a half of a watery fluid is discovered at the base of the cranium and in the theca spinalis.

OBSERVATIONS.

HERE the immediate cause of death was a want of a due supply of nourishment, in consequence of an inability to swallow. This inability was accompanied by a feeling of horror and anxiety arising from the pain and distress excited by every attempt to take food or drink.

A bougie was readily introduced into the œsophagus, and, at times, on making an effort to overcome the anguish of hunger liquids passed into the stomach ; there was therefore, no mechanical obstruction, nor was any trace of disease detected on dissection in the pharynx or œsophagus ; we may consider, therefore, the affection of the œsophagus and the organ of voice as paralytic, induced by a lesion of the nerves which supply

these parts, in consequence of the pressure of the fluid, contained between the membranes and in the ventricles of the brain ; in this respect, resembling the dysphagia and aphonia, so often observed in brain or typhous fever. The inflammatory and congestive state of the lining membrane of the alimentary canal, will serve to account for the different stomach and bowel-complaints with which this patient was so long afflicted ; and to the excitement and effusion of the brain are referrible the headaches, vertigo and other symptoms indicative of disordered actions of this organ. The right ventricle of the heart was considerably enlarged, owing in a great measure to chronic inflammation, and to the diseased condition of the valves which impeded the free flow of blood, and, to these circumstances, to the want of a proper supply of food, to imperfect digestion and sanguification, we may ascribe the præcordial oppression, palpitation, emaciation and the feeling of weariness and fatigue experienced on slight bodily exertion.

CASE V.

CASE AND DISSECTION,—ENLARGEMENT OF THE
HEART WITH ADHESION TO THE PERICARDIUM,
GIVING RISE TO EFFUSION INTO SEVERAL CAVI-
TIES.

PHILIPSBURGH AVENUE,

March 12, 1817.

MISS K——, æt. 9, complains of palpitation of the heart and dyspnœa, especially on walking fast or going up stairs ; of cough but no expectoration ; pulse 112, regular, skin cool, tongue clean, bowels open, appetite good ; the heart appears to be considerably enlarged and to have stretched under the superior portion of the sternum which is somewhat elevated and bowed. The affection of the heart was first noticed about a fortnight ago ; in December last she laboured under rheumatism of the large and small joints, accompanied by fever, for the cure of which sudorifics were employed.

V. S. 3vi.

Tinct. Digital. gutt. viij. bis quotidie cum aquæ cyatho.

March 20th. Temporary ease from the bleeding, breathing laborious ; palpitation considerable, rest disturbed by the cough, pulse 104, irregular, dejections natural, complexion sallow.

Rep^r. V. S. et Tinct. Dig.

March 27th. Symptoms aggravated, pain occasionally felt in the superior portion of the sternum ; œdema of the face ; headach and stupor ; pulse feeble, frequent and irregular.

Hirud. xij. Sterno.
Omitt^r. Tinct. Dig.
Pil. Cath. p. r. n.

April 8th. Pain of the sternum relieved by the application of the leeches, œdema of the face, neck, hands and feet, violent palpitation on the slightest exertion, occasionally pain in the sternum and left arm accompanied by a sense of suffocation and weakness.

Vesic^m. Sterno.
Pil. Diuret. e Scilla.

April 17th. Symptoms more alarming.

Cr. Pil.

April 26th. Vomiting, headach, delirium, general anasarca, tension of the abdomen, orthopnoea, urine diminished in quantity.

Hab^t.
Supertartratis Potassæ ʒi.
ter quotidie.

May 6th. Vomiting of an ink-like fluid, epistaxis, pains in the stomach and bowels, thirst, drinks cider in large quantity.

May 8th. Delirium, sight almost gone, orthopnoea, extremities cold.

May 10th. Died last night.

Dissection by the late Surgeon Dease assisted by Mr. Wilkinson.

Brain,—several patches of a bright scarlet color are observed upon the pia mater especially on the left hemisphere ; between this membrane and the arachnoid a watery fluid is perceptible ; the lateral ventricles contain six drams of a serous fluid.

Thorax,—on cutting into the right cavity of the chest, a watery fluid gushed forth ; right lung, sound, and found floating in this fluid ; the left cavity contains a pint of the same kind of fluid ; left lung, sound.

Heart,—considerably enlarged, it stretches under the superior portion of the sternum and into the right cavity of the chest, the auricles and ventricles are thin, their fibres are pale and their cohesion is much diminished, the valves are of a natural appearance.

Pericardium,—adherent on all sides to the heart.

Liver,—paler and harder than natural.

Gall-bladder,—distended with greenish bile.

About a quart of a watery fluid is found in the cavity of the abdomen.

OBSERVATIONS.

PALPITATION, cough and dyspnœa first gave the alarm ; to these succeeded confusion of ideas, headaches, vertigo, delirium, loss of rest and appetite, a frequent, irregular pulse, orthopnœa, stupor, loss of vision and hearing, epistaxis, general anasarca, &c. On dissection, was found a considerable enlargement of the heart to which the pericardium on all sides was firmly adherent, and a watery fluid was discovered in the principal cavities of the body ; these appearances serve to account for many of the most distressing phenomena, and may be traced to the disorganization of the heart, for a serous effusion into the chest and cellular tissue, was the natural consequence of the obstructed circulation in this organ, and this

effusion in its turn would further obstruct the circulation through the lungs and necessarily impede still more the return of blood from the head, hence cerebral congestion and excitement and effusion into the cavities of the brain ;—the adhesion of the pericardium to the heart appears to have been the result of inflammatory action ; two months previously to the affection of this organ, the patient had laboured under rheumatism of the joints ; the same disordered action as is usual in such cases, especially when mismanaged, attacked the heart and pericardium, and caused the disorganization of this organ. A practical question of some moment here arises, had anti-inflammatory remedies been employed for the cure of the primary rheumatic affection of the joints, would they not have obviated the occurrence of the disease of the heart ?

In this and similar instances of enlargement of the heart and of its adhesion to the pericardium, I have witnessed symptoms of angina pectoris, unaccompanied by ossification of the coronary arteries. Angina pectoris may be considered as a temporary paralysis of the heart arising in the case of ossification of the coronary arteries, from a want of a due supply of the proper nutritious and stimulating fluid ; may it not also arise from a

softening down or relaxation of its muscular fibres, from a lesion of its nerves, or from a conversion of its muscular fibres into fat? in all these cases, the heart for the time, loses its power of contraction and dilatation.

CASE VI.

CASE AND DISSECTION.—ORGANIC DISEASE OF
THE HEART AND PERICARDIUM, DISORDERED
LIVER, DROPSICAL EFFUSION.

DORSET-STREET,

March 4, 1815.

MR. T. C., æt. 20 ; eight years ago, from fear of castigation, ran away from school and remained two days abroad without food, exposed to the inclemencies of a severe season ; the consequences were, cough, rheumatism of the joints, palpitation, and præcordial oppression ;—about a year afterwards was attacked with shivering, headach, loss of appetite, thirst and prostration of strength, accompanied by acute pain, throbbing and labouring of the heart ; this fever was called typhous, and considered as depending on debility and putrescency, cordials, stimulants, and antiseptics were the remedies chiefly employed :—to this attack succeeded a protracted convalescence, accompanied by cough, irregular actions of the heart, and dyspnœa on slight exercise, symptoms which were alleviated by a residence in the country. Last year, on exposure to cold and wet was seized with inflammation of the heart and lungs, when the cough, dyspnœa, palpitation, and præ-

cordial anxiety were considerably aggravated ;— in the treatment of this illness recourse was had to blood-letting, blistering, cathartics, &c.

Four months ago, the throbbing of the heart became violent, and the pulse hard, irregular and intermitting, attended by anasarca of the lower extremities and by considerable dyspnœa ; next came on shooting pains and sense of weight and fulness in both the hypochondria, accompanied by pain in the right shoulder, by lateritious and deficient urine, and by a vitiated state of the fæces ; these symptoms have been relieved by the use of mercurial ointment, of aperients, and the squill and blue pill.

At present the symptoms are jaundice, ascites, mucous cough, violent palpitation, pains in the right hypochondre and shoulder, brick-colored fæces and urine, enlargement of both lobes of the liver, anasarca of the legs, and a hard, frequent, intermitting pulse.

Elect^m. ex P. Jalapæ et
Supertartrate Potassæ.

March 16th. The electuary acts on the bowels, and increases the secretion of urine ; thinks himself relieved.

Cont^r. Elect^m.

March 30th. The electuary nauseates and has lost its effects ; symptoms aggravated.

Pil. Hyd. c. Pil. Galbani Comp.

Haust. ex Mist. Camphor.

Tinct. opii c. æthere sulph.

Dyspnœa urgente.

April 12th. Relieved.

Cont^r.

April 30th. Orthopnœa ; extremities livid and cold ; pulse feeble and intermitting ; cordials.

May 14th. Urine increased in quantity ; bowels open ; says he is better, and has now some appetite for wine and soups.

Cont^r. Med^a.

June 16th. Some abatement of the violence of the symptoms :—takes the crystals of tartar.

July 20th. Says his breathing is relieved by the warmth of the weather.

Sept. 20th. Symptoms more urgent.

Tinct. Digital.

Pil. Cath.

Nov. 14th. Orthopnoea; extremities livid; pulse feeble and intermitting.

Dec. 9th. Died last night.

Dissection by Mr. M'Namara, assisted by Mr. Hyde.

Lungs,—adherent on both sides to the walls of the thorax; adhesions, firm and membranous. In the intervals of these adhesions is found a serous fluid, to the amount of three pints in each cavity.

Lungs,—healthy, but they contain a larger quantity of blood than usual; on pressing the substance of the lungs, a frothy fluid is visible.

Abdomen,—contains about a gallon of a watery fluid.

Omentum,—thickened, shortened, and studded with a number of reddish tubercles of a fatty texture.

Intestines,—distended with flatus.

Liver,—both lobes are firmer and larger than natural; the right extends three inches below the margin of the ribs and adheres to the omentum, colon and parietes of the abdomen. The left passes into the left hypochondre, far beyond its usual limits, and adheres to the stomach and omentum; they are both pink-colored and their surface is studded with numerous tubercles, small as grains of sand, not extending beyond the serous membrane.

Gall-bladder,—small and filled with greenish bile.

Kidneys,—the left adheres to the pancreas and duodenum.

Pancreas,—diminished in size, hardened, and when cut into of a red color.

Heart,—examined at the house of Mr. M'Namara.

Pericardium,—so intimately attached to every part of the surface of the heart, that it is impossible to distinguish the lines that separate the auricle and ventricle.

Heart,—of its natural figure, but, at least, three times its usual size.

Right auricle,—its cavity is greatly enlarged, its walls are of their usual thickness, and the surface internally is of a natural appearance.

Right Ventricle,—its walls are thickened and altered in their texture; the muscular substance exteriorly is brick-colored, and has lost its fibrous appearance: internally, it is more natural; its cavity is also increased in dimensions, but by no means proportionate to that of the auricle: its internal surface is lined by a thick layer of coagulable lymph, with intervals, allowing of the passage of the columnæ carneæ.

Tricuspidal valves,—thickened, diminished in transparency and puckered at their edges.

Left auricle,—cavity greatly enlarged; the enlargement bears no proportion to the thickness of its walls.

Left ventricle,—cavity considerably enlarged and coated with a layer of coagulable lymph, similar to that of the right ventricle.

Mitral valves,—thickened and short, with puckered edges. In that portion of the valve corresponding to the opening of the aorta, is a cartilaginous tumor of the size of a pea; chordæ tendineæ thickened; columnæ carneæ of a whitish color, and semi-cartilaginous texture,

Semi-lunar valves,—thickened and cartilaginous, and protrude into the opening of the aorta, so as nearly to block up its orifice.

COMMENT.

THE first illness of this patient,—cough, rheumatism, palpitation and præcordial oppression, was produced by fear, long fasting and exposure to cold and wet; the second was fever, called, according to the theory of the day, typhous; the third, chronic inflammation of the heart; the fourth, acute inflammation of the heart; the fifth, general dropsy; comprised within a period of about nine years. The heart was the organ primarily and principally engaged throughout these illnesses, disturbed first in its functions by fear, hunger and cold, it was readily acted on by the common exciting causes; inflammation and disorganization succeeded, and, finally, dropsy

and death. The great enlargement of this organ, the close and general adhesion of the pericardium to its substance, and the diseased condition of its valves, prove that the changes it underwent were chiefly the result of chronic inflammation; and that the complaint must have been of long duration. To the irregular actions and disorganization of the heart may be ascribed the pain, throbbing and palpitation; the hard, frequent and irregular pulse; the dyspnoea, and the distress and difficulty attending every bodily exertion; and to the impediment to the free transmission of blood through the heart and lungs, we may refer the effusion of a watery fluid into the thorax, the orthopnoea, the purplish hue of the face and extremities, &c. And while these appearances account for the symptoms referrible to the chest, the enlarged, indurated and inflamed state of the liver, serves to account for the fugitive pains and uneasiness felt in both the hypochondria and the serous effusion into the abdomen.

As in the fever called typhous, under which this patient laboured, pain, dyspnoea and palpitation of the heart, were prominent symptoms, it is clear that this organ was seriously engaged, and that the disease was inflammatory; and, as the

morbid actions of the heart became violent immediately afterwards, we have reason to trace to this source, and to the mismanagement of the patient, many of the serious evils of which he subsequently complained.

Various remedies were tried ; mercury, squills, digitalis, blisters, purgatives, and the neutral salts ; and these, at different periods procured some alleviation of the violence of the symptoms, and checked the progress of the dropsical effusion ; but the cause, the disorganization of the heart, continuing, its effect, though for a time it might have been diminished, could not be totally removed : in all such cases sanguification is deficient ; there is a diminution of the vitality of the blood and vigor of circulation.

In order to counteract, in some measure, this break-up of the constitution, remedies calculated to preserve a healthy state of the secretions, and to promote insensible perspiration, will be found useful ; and effusion into the cavities of the chest may be checked by the insertion of issues or setons in different parts of the thorax : life may be thus prolonged a month, a year, or perhaps a longer period ; a consideration, in many instances, of great moment.

CASE VII.

CASE AND DISSECTION.—ANGINA PECTORIS.

NEAR NEWRY,
May 26, 1815.

REV. Mr. ———, æt. 55, thin, of a sallow complexion, active habits and temperate, is often attacked by night about an hour after retiring to rest, with oppression of the chest, cough, a labouring of the heart, and a sense of suffocation: this attack lasts from one to two hours, and terminates by perspiration, or by copious mucous expectoration, and not infrequently by both: relief is procured by camphor, hyoscyamus, opiates, æther, or ammonia: when the breathing becomes easy, he is able to lie in the horizontal position, and enjoys from four to six hours undisturbed repose.

He is, moreover, sometimes seized by night, but more frequently by day, with pain in the upper part of the sternum, which gradually extends to the muscles of the left side of the neck and jaw, accompanied, for the most part, by dyspnoea, præcordial oppression, faintishness, and a sense of strangulation:—during the paroxysm, which

lasts ten or fifteen minutes, the face and lips grow pale, the features become constricted, and the vital powers seem suspended. Sleep is seldom enjoyed after an attack of this kind, when it comes on by night: this is the usual course of the paroxysms, of which, there are many modifications in the degree of their violence, and in the order and regularity of the symptoms; sometimes they came on unaccompanied by the muscular pains of the arm or neck:—relief is procured by opiates;—anxiety of mind, cordials, exercise on foot, a full meal, and constipation of the bowels, are the most usual exciting causes of these paroxysms. The pulse varies in strength, frequency and regularity; breathing, commonly 74, 78, at all times more or less oppressed; urine scanty and turbid; legs and feet, anasarcous; languor and lowness of spirits during the forenoon; after dinner, and when he has taken two or three glasses of generous wine, the oppression subsides and cheerfulness returns. Digestion imperfect; appetite bad; has been ill three or four months; has found considerable relief from the use of blue pill, digitalis, opium, hyoscyamus and camphor, prescribed by Dr. Black of Newry.

In consultation with the late Dr. Ed. Percival,

and the late Mr. Richards, the following remedies were prescribed :

R. Tartari Ferri.

Ext. Hyoscyami aa. gr. iv.

bis quotidie sumend.

R. Spir. Ammon. Aromat.

Liq. ætherii Oleosi aa. ℥i.

Tinct. Opii, ʒiss. M. Sum^t. Coch.

Min. dyspnœa urgente cum

Aquæ Cyatho.

Vesic^m. Regioni Cordis.

May 30th. No good effect from the medicines, but some relief from the blister ; urine, in general, high-colored, at times, whitish ; bowels opened by aperients ; pulse 74 ; has had a paroxysm, during the last four nights, each of which lasted about an hour ; œdema of the ankles increased ; pain of the sternum, accompanied by palpitation or labouring of the heart, is frequently complained of.

Omitt^r. Medicamenta.

Recommended the black drop.

June 6th. No amendment ; relieved by the black drop.

Hab^t. Tinct. Digitalis.

Gutt. decem quotidie.

Vesic^m. Regioni Cordis.

June 12th. Some ease from the blister ; urine increased, but no diminution of the swellings.

C'. Tinct. Digital. cum.
Infusi Genistæ Cyatho.

June 13th. Paroxysms frequent and violent ; slight hemorrhage from internal hemorrhoids.

Takes twenty drops of the digitalis daily ; copious flow of urine.

Vesic^m. Sterno.

June 17th. Disturbed rest ; paroxysms come on at uncertain hours during the night ; feels relief from the blister.

June 20th. Took an airing yesterday in the park, from which he found considerable ease ; the air was mild and of a genial warmth ; on his return he was able to walk without exciting pain of the sternum, palpitation, or laborious respiration ; a copious discharge is preserved from the part blistered.

Takes the black drop, digitalis and broom tea.

June 22nd. Is obliged to increase the quan-

tity of the anodyne in order to relieve the violence of the paroxysms.

C.

June 27th. Violent paroxysm last night, relieved by a large dose of the black drop; very languid this morning; pulse 70, weak, but regular; swelling of the ankles increased; tongue yellow and loaded; body costive.

Pil. Hyd. gr. v.

c. Scillæ siccatae grano uno.

Omni nocte.

Haust. Cath. ex Infuso Sennæ

et Sulphate magnesiæ cras mane.

June 29th. Stupor and drowsiness; pulse 80; relieved by the camphor and ammonia mixture; in the course of the day takes eighty drops of the tincture of digitalis; small blisters are repeatedly applied to different parts of the chest.

July 2nd. Laborious respiration; sense of great weight upon the chest; pain in the sternum and arm less frequent and urgent.

July 6th. Relieved by the blisters; takes one hundred drops of the tincture of digitalis; pulse 74, 80; slight hemorrhage occasionally from the bowels; urine increased; respiration less laborious; fæces pale.

About this time Mr. ——— returned to the country, and on the 9th of September following I was favored with a letter from Dr. Black, giving me an account of his death and the appearances on dissection. "The cartilages of the ribs were so completely ossified that it was necessary to make use of a saw: the watery effusion in the cavity of the chest amounted to eight or nine pounds; the heart was large and flabby, and deficient in that floridness which the healthy heart possesses. The coronary arteries were ossified through their whole extent, and impervious to the smallest probe. The internal surface of the aorta, for three or four inches from its origin, was beset by numerous osseous squamæ; the artery was rather dilated."

In all cases of this kind, when ossification attacks the coronary arteries, a cure cannot reasonably be expected; however, if the disease have not far advanced, its progress may be checked, and life prolonged by diminishing the violence of the paroxysms, and pursuing such measures as are calculated to obviate their recurrence; now as this patient felt relieved from the discharge procured by the application of blisters to the region of the heart, it may be asked, had a

drain been established in that quarter at the incipient stage of the complaint, would it not have proved useful?—In the latter stages the operation of paracentesis might have been advisable; and, as when the air was dry and warm the breathing was comparatively easy, it may be asked, how far an early removal to a more genial climate would have proved the means of prolonging life?

The disease here described will, perhaps, by some be called asthmatic, but it is usually denominated *angina pectoris*, and is supposed always to depend on ossification of the coronary arteries; this is an error, for the same symptoms arise from other causes; from disorganization of the muscular substance of the heart, or of its valves; from adhesions of the pericardium to the heart, or from *hydrops pericardii*. The complaint appears to depend on a temporary paralysis of the heart, and as life may be suddenly extinguished, cordials, opiates, the recumbent position, pure air and wine are clearly indicated.

CASE VIII.

CASE AND DISSECTION.—ENLARGEMENT OF THE
HEART, DISEASED LUNGS AND LIVER.

EAST ARRAN-STREET

Nov. 20, 1819.

MISS H——, æt. 19, complains of palpitation, pain, and often of a sense of stricture and oppression of the heart, dyspnœa, a teasing cough, mucous expectoration, want of rest and appetite, œdema of the legs and feet ;—pulse weak, frequent and intermitting ; frequent nausea and vomiting ; urine scanty and brownish ; fæces dark, olive-colored and pale. This young lady has been subject for six years to cough, palpitation and dyspnœa on going up an ascent ; to bilious fevers and to indigestion : about two years ago the disease of the heart became so formidable as to demand medical aid ; there were acute shooting pains in this organ, attended by throbbing, oppression, and fever :—blood-letting was then employed with advantage ; blisters, cathartics, diuretics, and expectorants were also employed ; has passed the last year in the country, whence she was brought to town in her present alarming state.

H. anodyn. c. æthere sulphurico.

Dyspnœa urgente.

Vesic^m. lateri sinistro.

Nov. 21st. Relieved by the anodyne and blister ; bowels confined.

Rep^r. H. Anodyn.

Pil. Hyd. c. Ex. Col. C.

Nov. 23rd. Fæces vitiated, urine lateritious and scanty ; orthopnœa.

Cont^r. Haust. Anodyn.

Vesic^m. inter Scap.

Nov. 26th. Temporary ease procured by the anodyne ; pulse feeble and intermitting ; œdema increasing ; urine diminishing.

Pil. Hyd. c. Scilla et Digital.

Cont^r. Haust.

Cordials.

Nov. 28th. Extremities cold and livid ; the slightest exertion of the body causes palpitation and a sense of suffocation.

Omitt^r. Pil.

C^r. Haust.

Nov. 30th. Dead.

Dissection by Mr. Hyde.

Heart,—enlarged to about thrice its natural

size, and occupying almost the entire of the lower portion of the thorax.

Pericardium,—adheres to the mediastinum and left lung, and contains two ounces of a serous fluid. Upon the right auricle and the posterior surface of the left ventricle are large patches of coagulable lymph; in each cavity of the heart is a large, hard, and thickened portion of coagulated lymph, apparently formed of different layers, by the pressure of which, it would appear, that the right auricle, in one part, is become diaphanous.

Coronary vein of the left ventricle,—varicose.

Mitral valves,—puckered and cartilaginous.

Right lung,—compressed by the heart, and contains but a small quantity of blood; the lower portion of one of its lobes resembles a pancake; the left lung is also compressed, and a portion of it is hepatised.

Liver,—hardened, mottled,—about twice its usual size, and gorged with blood,

Gall-bladder,—contains a small quantity of dark-colored viscid bile.

Peritoneum,—contains four ounces of serous fluid.

OBSERVATIONS.

THE coagula found in the heart deserve particular notice, partly from their size and extraordinary density, and partly from their texture, which, on examination, seemed to be composed of several layers of a whitish membranous appearance; from these circumstances, from the diaphanous appearance of the right auricle, and from the long continued disease of the heart, I consider that these coagula were of slow growth, and not merely the production of a change in the blood after death: there were two patches of coagulable lymph found upon the surface of the heart, indicating the presence of inflammation;—were not the coagula discovered in the cavities also the product of inflammation. The pain and sense of stricture in the heart, accompanied by fever, præcordial oppression and palpitation, and the relief obtained by blood-letting and aperients, countenance this idea. The mitral valves were so thickened and cartilaginous, that they had lost their valvular powers; this necessarily caused a remora of blood in the heart, and gave rise to distension, palpitation, and sense of oppression.

The appearance of the liver as well as of the heart, was indicative of chronic inflammation and congestion, and its morbid condition is sufficient to account for the symptoms of indigestion. The practical lesson afforded by this case is, that if correct views had been taken of the complaint at its commencement, and proper remedies promptly employed, the life of the patient might have been saved.

CASE IX.

CASE AND DISSECTION.—CONSIDERABLE ENLARGEMENT AND INFLAMMATION OF THE HEART, HYDROPS PERICARDII, ETC.

ORMOND-QUAY,

Jan. 10, 1819.

MR. D——, æt. 36, has been ill six months, during which time he complained of the following symptoms : dyspnœa, shooting pains in the heart, oppression and palpitation, feverishness, cough attended by mucous expectoration, sometimes tinged with blood, fugitive pains throughout the thorax, and latterly, an acute pain in the lower part of the sternum, which comes on at uncertain periods every second day, every day, or oftener, and is frequently accompanied by pain in the biceps muscle of the left arm, and by a sense of suffocation or faintishness : some weeks before death there was orthopnœa, and the pulse was weak and intermitting ; at different periods he complained of pains and uneasiness in the stomach and bowels, of flatulence, acidity, and occasionally of nausea and vomiting ; towards the close of the attack, dysenteric symptoms made their appearance, and there was considerable throbbing of the arteries of the head, neck, and temples.

At the onset, this attack was called nervous ; and bark, wine and tonics were administered ; subsequently, a different view was taken of the disease, and the remedies employed were aperients, blisters, blood-letting, digitalis, anodynes, &c.

Jan. 11th. Dissection by Mr. M'Namara and Mr. Hyde.

Stomach and intestines considerably distended with flatus.

Several patches of a florid-color are observed upon the internal and external coats of the stomach, and these patches are thickened and pulpy.

Spleen,—preternaturally vascular. Between the pleura pulmonalis and costalis of the right side are numerous strong adhesions ; the right cavity contains about half a pint of serous fluid ; in the right lung is found a large quantity of mucus tinged with blood ; its lower portion is hepatised and adherent to the diaphragm.

Left lung,—healthy ; in the left cavity are contained four ounces of a watery fluid.

Heart,—nearly thrice its natural size ; it fills up a considerable portion of the space under the sternum.

Pericardium,—contains about three ounces of a serous fluid ; its coats, external and internal, bear marks of arterial excitement and venous congestion.

The heart is florid and highly vascular ; the left auricle and ventricle are considerably larger than the right ; upon the left ventricle are two or three red and irregular patches of a granular feel ; the valves are sound, those of the aorta excepted, which are hard and contracted.

COMMENT.

HERE the first symptoms indicated inflammation of the heart ; as pain, dyspnœa, fever, palpitation, cough and mucous expectoration ; next came on symptoms of effusion into the cavities of the chest ; the lungs also exhibited marks of excitement and congestion, and while these morbid appearances serve to account for the phenomena referrible to the chest, they likewise show the nature of the disease, and the remedies that

should have been employed. To the inflamed and congested condition of the stomach and small intestines, we may ascribe the nausea and vomiting, the dysenteric affection, &c.

In this instance, symptoms of angina pectoris presented themselves, yet on dissection there was found no ossification of the coronary arteries.

CASE X.

CASE AND DISSECTION.—DISEASE OF THE HEART
AND ITS VALVES,—GENERAL DROPSY.

BRIDGEFOOT-STREET,

Aug. 22, 1818.

MASTER S——, æt. $7\frac{1}{2}$; during the last seven months has laboured under cough, dyspnœa, palpitation, and occasionally of hemoptysis;—pulse 108, irregular; face pale and swollen, ascites; thirst; urine scanty, red and thickish; violent throbbing of the heart; œdema of the legs; pains in the right hypochondre, constipation.

Various medicines have been administered.

Haust. Cath.

Haust. ex Tinct. Opii et

Æthere, dyspnœa urgente.

Aug. 23rd. Bowels opened, excretions morbid.

Pil. Hyd. c. Scilla.

Aug. 26th. Breathing relieved by the anodyne; no sensible effect from the pills; symptoms more urgent.

Ct. Med.

Aug. 28th. Orthopnœa ; pulse intermitting and weak.

Vesic. inter Scap.

Cont'. Med.

Aug. 29th. Extremities livid and cold ; cordials.

Aug. 31st. Dead.

Sept. 1st. Dissection by Mr. M'Namara.

Integuments,—œdematous. On cutting into the cavity of the thorax a considerable quantity of serous fluid gushed forth. The lungs adhere to the walls of the chest on both sides at different points ; the lower part of the left lung, and a portion of the middle lobe of the right, are hepatised.

Pericardium,—contains about six ounces of a watery fluid.

Heart,—enlarged to more than twice its natural size ; the cavities of the left side are larger than those of the right ; a considerable quantity of blood is found in the right auricle ; the walls of both auricles are thicker than natural.

Tricuspidal valves,—shortened and irregularly thickened.

Chordæ tendineæ,—thickened, fleshy, and so much shorter than natural that the valve is tied close to the wall of the ventricle, and appears incapable of closing the aperture.

Mitral valves,—thickened and puckered with a warty excrescence at their margin ; they have assumed a cartilaginous appearance ; the opening of communication between the left auricle and ventricle is much diminished, and rendered somewhat semi-lunar in shape.

Semi-lunar valves,—at the aorta are diminished in size, and have cartilaginous tubercles interspersed through their texture.

Liver,—enlarged and mottled, partly of a red and partly of a brown-color.

Gall-bladder,—contains a moderate portion of greenish yellow bile.

Intestines,—considerably distended with flatus. About two ounces of a watery fluid in the cavity of the abdomen.

COMMENT.

THE degree of disorganization detected in the heart of a child only $7\frac{1}{2}$ years old, is the principal circumstance in this case deserving of notice ; the disease was inflammatory, caught by exposure to cold and wet : unfortunately at its commencement, and for some time afterwards, it was considered a nervous affection, and cordials and stimulants were prescribed, the fatal effects of which are apparent in the history of the case and dissection.

CASE XI.

CASE AND DISSECTION.—HEART, LUNGS, LIVER, ETC., DISEASED.—SYMPTOMS OF ANGINA PECTORIS.

LURGAN-STREET,

Nov. 20, 1817.

MR. H——, æt. 51, of a full plethoric habit, has lived in a hot climate for several years, during which time he was subject to inflammatory attacks of the liver, to cough, dyspnœa, and palpitation of the heart ;—about ten months ago, symptoms of angina pectoris made their appearance, next came on dropsy in the belly and legs, which was removed by the use of mercury, squills, digitalis, aperients, and diuretics.

Last summer, while drinking the Cheltenham waters, the dropsy of the belly and legs returned ; in this instance these waters did not act on the bowels or kidneys ; at present there is cough, unattended by expectoration, loss of appetite, languor, restlessness, præcordial anxiety, dyspnœa and thirst. The bowels are slow, the fæces alternately dark and pale ; the urine is scanty and lateritious ; the pulse irregular.

Pil. Hyd. c. Scilla.

H. Cath. cum Tinct. Jalapæ.

Nov. 27th. Frequent hiccup and vomiting, cough, orthopnoea, palpitation, great oppression of the chest ; pulse frequent, feeble and intermitting ; pain in the epigastrium and left side.

Vesic. Lateri dol.

Fotus abdominis.

H. Salin.—Pil. Cath.

Dec. 2nd. Frequent and violent shiverings during the last three days, followed occasionally by heats and perspiration ; hiccup and vomiting neither so frequent nor violent ; restlessness, delirium ; urine more scanty ; bowels constipated.

En. Purg.—H. anodyn. h. s.

Statim Haust. Cath.

Dec. 9th. Fugitive pains throughout the abdomen and in the left side of the chest ; no return of the shivering ; hiccup and vomiting ; orthopnoea, tossing of the arms, restlessness, delirium, stupor.

Cont'. Med.

Dec. 16th. Extremities cold and livid.

Dec. 20th. Dead.

Dec. 21st. Dissection by Mr. M'Namara.

About six quarts of a yellowish serum, containing flocculi of coagulable lymph, are found in the cavity of the abdomen.

The intestines are glued together by a layer of coagulable lymph, which is easily removed from their surface ; they are of a florid red-color, and exhibit traces of inflammation.

The mesentery is thickened and fleshy, and likewise has an inflammatory appearance.

The stomach externally presents the same appearance as the intestines ; its mucous coat is covered with many small red patches.

The omentum and peritoneum are of a florid red-color.

Liver,—enlarged and hardened ; its surface is of a mottled greyish-color, and coated with coagulated lymph : cut into, it has a granular feel and appearance.

Gall-bladder,—distended with black blood, and contains between twenty and thirty black gall-stones, each about the size of a grain of wheat.

The cartilages of the ribs are nearly ossified.

The left side of the thorax is filled with a serous fluid of a light yellow-color ; the lobes of the left lung are adherent, and covered with coagulable lymph ; they are almost completely hepatised ; in the superior portion is discovered a firm tubercle of a brown color ; this lung is adherent to the mediastinum and the pleura costalis.

In the right cavity of the chest are four ounces of a serous fluid. The right lung is partly hepatised and covered with coagulable lymph, and is adherent to the diaphragm.

Heart,—twice its natural size, and adherent to the pericardium by long membranous bands. There are about two ounces of a watery fluid in the pericardium.

Right auricle,—enlarged, thickened, and distended with coagulated blood.

Right ventricle,—also enlarged.

Left auricle and ventricle,—enlarged and thickened ; the mitral valve is puckered.

Aorta,—enlarged and studded with small earthy and boney concretions; its coats are irregular.

Semi-lunar valves,—thickened and ossified at their roots.

COMMENT.

It is manifest from the appearances observed on dissection, that a considerable degree of inflammatory action had subsisted in the thoracic and abdominal viscera; we may mention the preternatural membrane found covering the liver, stomach and intestines; the thickening and redness of the coats of the alimentary canal, the coagulable lymph discovered floating in the serous fluid of the abdomen, the adhesions and thickening of the lining membranes of the chest, the serous effusion into its cavities, &c. &c.; and these appearances will serve to account for the symptoms referrible to the disordered actions of the lungs, heart, and digestive organs.

About a year before this patient's death he was often attacked while using bodily exercise, especially on going up an ascent, with sudden fits

of suffocation, accompanied by a sense of sinking, by a pain in the sternum, left shoulder or forearm, and by a feeling as if the heart had ceased to beat, and the powers of life had become extinguished.

The paroxysm lasted from a few seconds to five minutes; during its continuance the pulse was slow, irregular and intermitting; the eyes were fixed, the features contracted, and the face pale as death; these are the symptoms of the disease called *angina pectoris*: now, as in this instance there was but a slight degree of ossification of the semi-lunar valves of the aorta, and none of the coronary arteries, we must ascribe the paroxysm to the morbid state of the heart, aorta, and lungs, as related in the dissection, and partly to the ossification of the cartilages of the ribs: the paroxysms continued to recur for nearly two months, and then gradually subsided on the supervention of the dropsical effusions; these yielded for a time, to the use of the different medicines mentioned in the case; but the relief thus obtained was only temporary, because the disorganization of the heart, which caused the effusion, was incurable.

CASE XII.

CASE AND DISSECTION.—GREAT ENLARGEMENT OF THE HEART, ACCOMPANIED BY DROPSICAL EFFUSIONS.

DORSET-STREET,

Dec. 20, 1816.

Mrs. M——, æt. 51, of a full plethoric habit, complains of cough, dyspnœa, hæmoptysis, palpitation of the heart, præcordial oppression, and œdema of the feet and legs; rest disturbed by the cough and oppression; urine turbid and deposits a pink-colored sediment; appetite tolerable; bowels confined; pulse frequent, irregular and intermitting; tongue yellowish. This lady lived five years in Sicily and Malta, where she suffered from repeated bilious attacks, accompanied by pains and palpitation of the heart. On her return to England three years ago, she was exposed to cold and wet, from the effects of which she has never recovered.

Vesic. Lateri sinistro.

Pil. ex Cal. et Ext. Col. C.

Dec. 23rd. Temporary ease from the application of the blister and the operation of the cathartic; fæces yellowish; urine lateritious; fu-

gitive pains in the right hypochondre and epigastrium; ascites in a low degree.

Omitt^r. Pil. ex Cal.

Pil. ex scilla et Pil. Hydr.

H. Cath. Diuret.

Dec. 26th. Two or three dejections daily, of a brown or yellow-color; urine increased in quantity; dyspnœa urgent; expectoration purulent and tinged with blood; headach; disturbed rest; œdema of the lower extremities; pulse irregular and intermitting.

H. ex Tinct. Opii, Ammonia et

Æthere sulphurico, dyspnœa urgente.

Hab^t. Crystal. Tart. ʒi. bis terve quotidie.

Dec. 23rd. Relieved.

Cont^r. Med.

1817.—Jan. 3rd. Dropsical swellings increased; orthopnœa; urine turbid and scanty; gums sore.

Omitt^r. Pil. Hyd.

Cont^r reliqua.

Jan. 27th. Finds ease from the opiate; præcordial oppression and palpitation; orthopnœa; lies with most ease upon the right side.

Tinc. Digital.

Jan. 29th. Extremities livid; symptoms more urgent.

Jan. 30th. Died early this morning.

Dissection by Mr. M'Namara and Mr. North.

Jan. 31st. On opening the right cavity of the chest, a quantity of a watery fluid gushed out, from this cavity were taken three quarts of the same fluid.

A portion of the right lung, about the size of a walnut, situated towards the centre of the middle lobe, is firm and highly vascular; cut into, no trace of cellular texture is discoverable, and in its centre is found a small cavity containing a reddish puriform matter.

Bronchiæ,—mucous membrane, highly vascular.

Pericardium,—contains three ounces of serous fluid.

Liver,—considerably hardened and paler than natural; its peritonæal coat is opaque in different

parts ; on cutting into its substance, it is found hardened, marbled, and towards the margin of the left lobe are three small distinct tubercles, greyish and cartilaginous.

Particular examination of the heart, at the house of Mr. M'Namara, York-street.

Right auricle,—enlarged to nearly four times its usual size ; its walls not thicker than natural.

Right ventricle,—likewise enlarged, but not to the same extent ; walls of their usual thickness.

Tricuspidal valve,—natural.

Pulmonary artery,—rather dilated, in other respects healthy.

Semi-lunar valves,—healthy.

Left auricle,—enlarged to nearly four times its usual size ; its walls are slightly thickened.

The opening, leading from the auricle into the ventricle is nearly obliterated by the thickened,

puckered and disorganized state of the mitral valve.

Left ventricle,—increased to twice its usual size.

Aorta,—thickened and redder than usual, and studded with whitish steatomatous specks.

Semi-lunar valve,—so thickened and cartilaginous, that the aperture of the vessel scarcely permits the passage of the little finger; a quantity of coagulated blood was found in all the cavities of the heart.

COMMENT.

ON dissection, about three quarts of limpid serum were found in the right cavity of the chest, and this fluid gushed out as soon as an incision was made through one of the cartilages; the lungs were compressed, and there were no adhesions between the pleura pulmonalis and costalis; under these circumstances little danger was to be apprehended from the operation of tapping, which in all probability would have considerably prolonged the life of the patient : in such cases the

stethoscope may enable the practitioner to form a correct diagnosis.

The lungs were healthy, with the exception of a small portion of the middle lobe on the right side ; but this diseased portion had no communication with the bronchiæ ; the matter expectorated, therefore, must have proceeded from the mucous membrane which was inflamed, and the hœmoptysis was occasioned by a rupture of the turgid blood-vessels.

The disease of the heart was caused in the first instance by chronic inflammation ; this is the principal point for consideration, for, had proper remedies been then employed, there is reason to say, there would have been no dropsical effusion. It is curious that the effusion into the chest was confined to the right side ; we cannot suppose that the small portion of the middle lobe, found diseased, was sufficient to produce this effect, because much larger portions of the lungs are often diseased, and yet, not accompanied by effusion into either cavity.

The liver was hardened and enlarged, and its membrane bore evident marks of previous inflammation. Here mercury was given until it affected

the gums and breath, but it made no impression on this schirrous condition of the liver.

To the morbid appearances detected in the heart, pericardium, and lungs, we may ascribe the cough, purulent expectoration, hemoptysis, orthopnoea, the frequent, irregular and intermitting pulse, &c. &c.

Cathartics sometimes afforded relief, opiates always; but the different diuretics were administered without effect: indeed, from the organic nature of the complaint, no permanent good could have resulted from the administration of any remedy.

CASE XIII.

CASE AND DISSECTION.—DISEASE OF THE HEART, ANASARCA AND DROPSICAL EFFUSION INTO THE THREE GREAT CAVITIES,—OPERATION OF PARACENTESIS, PERFORMED WITH TEMPORARY RELIEF,—EXTRAORDINARY POSITION OF THE CÆCUM.

PARADISE-ROW,
Jan. 28, 1817.

MR. A——, æt. 46, of a sanguine temperament, and accustomed to indulge in the use of fermented liquors;—about nine years ago was attacked with cough, dyspnœa, palpitation, and fugitive pains of the heart, followed by general anasarca, caused by a residence in a damp house; to these symptoms succeeded ascites, indigestion, headach, vertigo, delirium, and purulent expectoration. Blisters, diuretics, cathartics, and opiates have been occasionally employed with advantage. The father of this gentleman is asthmatic. Pulse 108, irregular and intermitting; respiration laborious; urine turbid and scanty; expectoration heavy and yellowish; general anasarca; ascites; fæces brick-colored; urine lateri-

tious; left lobe of the liver hardened and enlarged.

Vesic^m. Sterno.—Pil. ex Cal. gr. ij.
et Ex. Opii. aquos. gr. i. omni nocte.
Elect^m. ex Supertartrate Potassæ
et P. Jalapæ, mane et meridie.

Jan. 31st. Orthopnœa; frequent fits of suffocation; tinnitus aurium; palpitation; stupor; thirst; restlessness, bad appetite; bowels free; urine scanty; no abatement of the dropsical swellings. Says he was relieved by the anodyne.

Pil. Hyd. c. Scilla.
H. Anodyn. c. æthere sulphur.
Dyspnœa urgente.
Cr. Elect^m.—Vesic. Lateri sin.

Feb. 7th. Five or six watery yellowish dejections daily; swellings abated; breathing relieved; pulse feeble and intermitting.

Cont^r. Ommia.

Feb. 20th. Swellings returned; orthopnœa; bowels constipated; urine scanty and turbid; stupor; restlessness; cough troublesome; purulent expectoration; mercurial fetor of the gums.

Vesic^m. inter scap.
Rep^r. Elect^m.
Hab^t. Tinct. Jalapæ 3i. ter quotidie.

March 10th. Breathing less oppressed ; is now able to lie in the horizontal position ; five or six motions daily, watery and yellowish ; urine more copious ; dropsical swellings diminished.

Cont^r. Omnia.

March 30th. Swellings and orthopnoea returned ; urine scanty ; gums sore ; bowels open ; stupor ; delirium ; appetite tolerable ; pulse 90, irregular and intermitting.

Omitt^r. Pil. Hydr.

Vesic. Sterno.

Tinct. Dig. gutt. x. ter quotidie.

April 12th. No amendment ; frequent weaknesses ; pulse feeble and irregular.

Omit^r. Tinc. Digital.

Infric^r. Regioni Epigast. Ung. Hyd.

3i omni nocte.

April 24th. Swellings abated ; breathing more easy ; urine more copious ; hardness and swelling of the epigastrium.

Cont^r. Med.

May 5th. Gums sore ; thinks himself easier ; is able to walk about his room, but this exertion often brings on a fit of suffocation.

Rep^r. Elect^m. et Tinct. Jalapæ.

May 16th. Frequent returns of the fits of suffocation; no appetite; tongue clean; three or four dejections daily, anasarcaous swellings abated.

Vesic. Sterno.

Cont^r. Elect^m. et Tinct.

H. Anodyn, p. r. n.

May 30th. The slightest bodily exertion brings on a sense of strangulation; stupor; delirium; urine about four ounces daily, turbid and brick-colored; swelling of the belly and legs considerably abated.

Perceptible enlargement of the left side of the chest.

May 31st. Yesterday the operation of paracentesis was performed by the late Surgeon Dease, assisted by the Surgeon General, Mr. Wilmot, and Mr. M'Namara;—about twelve ounces of serous fluid were drawn off from the left side; a great portion of this fluid assumed the appearance of coagulable lymph; no return of the sense of strangulation since the operation; says he is considerably relieved; cough; hemoptysis; pain in the region of the part punctured;

pulse 106, stronger and more regular ; coma ; low delirium ; urine scanty and brown-colored.

Hab^t. Ol. Terebinth.

Gutt. xx. 3iis. horis in aquæ Cyatho.

June 1st. No return of the sense of suffocation ; stupor ; slight watery discharge from the part punctured ; pain in the left side ; pulse hard and irregular ; cough and mucous expectoration.

Hirud. xv. Lateri sinistro.

June 2nd. Pain of side relieved ; stupor ; low delirium.

June 3rd. Coma.

June 4th. Death.

Dissection by Mr. Dease, consulting surgeons present.

Cæcum distended with flatus, and found lying in the epigastric region ; an unusual and remarkable circumstance.

Intestines,—healthy.

Liver,—left lobe, hardened, thickened, and

somewhat rounded in shape, mottled, purplish and grey; surface irregular and tuberculous; cut into its substance is firm, altered in structure, and filled with cysts containing a cheesy matter.

Right lobe,—hardened, diminished in size, and covered with many small tubercles containing a cheesy and curdy matter; the same kind of matter, but more purulent in appearance, is detected in its substance: the biliary vessels seem to be, in a great measure, obliterated.

Gall-bladder,—diminished in bulk, and filled with numerous small calculi of different shapes; there are two round and yellow calculi of the size of large peas, and contained in distinct sacculi, formed of the lining membrane; a third, of the same size and shape is found in the cystic duct.

Spleen,—enlarged, hardened, and adherent to the diaphragm.

About a pint of serous fluid in the cavity of the abdomen.

Thorax,—the left side of the chest is more elevated than the right; considerable ossification of the cartilages of the ribs on both sides.

Lungs,—sound, universal adhesion between the pleura pulmonalis and costalis in the right cavity.

Left lung,—distended with air; coagulable lymph is effused upon that portion contiguous to the part of the pleura punctured; the wound appears inflamed.

Bronchiæ,—lining membrane reddened and thickened.

Pericardium,—its anterior and superior portion is considerably thickened; a membranous substance highly vascular, three inches in circumference, is found attached to the external surface of the pericardium. Mr. Wilmot took this substance home for the purpose of injection.

The pericardium contains two ounces of serous fluid.

Adhesion of the arch of the aorta to the pericardium.

Heart,—enlarged to more than double its usual size, on its surface are several whitish patches, and its membrane is opaque and thickened, and easily detached.

Right auricle,—enlarged, thickened and filled with coagulable lymph.

Tricuspidal valves,—thickened and opaque.

Right ventricle,—considerably thickened, semi-lunar valves of the pulmonary artery, healthy.

Left auricle,—thickened, mitral valves, opaque and thickened.

Left ventricle,—thickened, three small distinct portions of the semi-lunar valves of the aorta are ossified.

Brain,—between the arachnoid membrane and pia mater a serous effusion is perceptible.

Lateral ventricles,—contain half an ounce of a watery fluid.

OBSERVATIONS.

THE palpitation of the heart, the intermitting irregular pulse, the cough, hemoptysis and purulent expectoration and the frequent sense of strangulation, indicated disease of the thoracic viscera. On examination the heart was found considerably

enlarged, its valves were disordered, and its membrane and the pericardium bore evident marks of inflammation:—there was an universal adhesion between the pleura pulmonalis and costalis of the right side, and a large quantity of serous fluid was found in the left cavity of the chest, and in the pericardium.

The lungs were sound, although hemoptysis and purulent expectoration accompanied the cough, but the lining membrane of the bronchiæ was thickened, inflamed, and covered with matter similar to that expectorated.

There was headach, stupor, coma and delirium;—a watery fluid was detected between the membranes and in the ventricles of the brain.

Several symptoms of indigestion were present, accompanied by ascites and anasarca, and by a sense of uneasiness in the epigastrium,—the liver was found tuberculated and schirrous.

The spleen; hardened, enlarged, and attached to the diaphragm.

The enlargement of the heart proceeded partly from inflammation, and partly from a disease of

its valves, which, by obstructing the circulation, roused it to unusual exertions, and thus the size and strength of its muscular fibres were considerably increased.

The membranous substance found attached to the pericardium, is a rare and curious occurrence, and was occasioned by the deposition of coagulable lymph, which was subsequently supplied with nerves and blood-vessels, a proof that this was living animal matter; in the case of this patient there was perhaps some predisposition to a disease of the heart, as his father is asthmatic, and labours under palpitation and præcordial oppression.

The complexion, the symptoms of indigestion and the appearance of the excretions denoted a derangement of the functions of the liver, both lobes of which were found schirrous, and filled with small tubercles containing scrofulous matter. This disease of the liver I have elsewhere denominated scrofulo-schirrus, it is hereditary and almost always aggravated by the use of mercury. Thus much has been said to show the connexion between the symptom and the morbid change, but this is not sufficient to satisfy the mind, some practical good must flow from our researches,

or our labour is in vain. In this instance then the dissection shows the nature of the disease, and the remedies that should have been employed at the onset, it likewise shows that when effusion has taken place, depletion is injurious; further, that the exhibition of very active or poisonous drugs, when the heart and lungs are disorganized, is rather calculated to debilitate the frame and shorten life, than mitigate the sufferings of the patient or cure the disease.

Such is the practical good to be derived from this mode of investigation.

Of the different remedies employed, jalap, crystals of tartar and squills proved most useful; opiates, blisters and æther afforded temporary relief, but no benefit was derived from digitalis or stramonium.

We must not omit to notice the operation of paracentesis, not merely on account of its novelty but success; little pain was felt and no danger ensued, about a pint of serous fluid was drawn off, and the ease thus obtained was immediate, the painful sense of strangulation was no longer complained of, and that patient whose death was hourly expected, survived the operation three

days. If the exit of the remaining fluid had not been stopped by the pressure of the lungs upon the punctured part of the pleura and by the union of the wound, might not life have been further protracted for weeks or months ?

The elevation of the ribs of the left side, and the sound communicated by the tact, led to the performance of the operation between the sixth and seventh ribs of this side. In such cases the use of the stethoscope will materially aid the practitioner in ascertaining the degree, extent, and seat of organic disease.

CASE XIV.

CASE AND DISSECTION.—CHRONIC PERICARDITIS,
DISEASE OF DIFFERENT ORGANS.

ANGLESEA-STREET,

March 5, 1818.

Mrs. S——, æt. 29, during the last three years has laboured under asthma ; six days ago was seized with chilliness followed by pain of the left side, frequent cough, dyspnœa, palpitation, and loss of rest and appetite ; twelve ounces of blood were taken from the arm by Mr. Sheckleton, a blister was applied to the side, and an aperient administered.—Pulse 110, feeble and irregular, skin hot and dry, delirium, dyspnœa, violent palpitation, troublesome cough, no expectoration, stupor, constipation, pains in the bowels.

Vesic. Sterno.

Mist. Cath.

March 6th. Two watery dejections, orthopnœa, coma, difficult deglutition, pulse feeble and intermitting.

Vesic. Lateribus utrisque.

En. Terebinth.

March 7th. Died this morning.

Examination by Mr. Sheckleton. The dura

mater exhibits marks of arterial excitement and venous turgescence.

The veins on the surface of the brain are considerably distended.

Between the flat surfaces of the hemispheres, there is a firm adhesion.

The right ventricle contains about two drams of a watery fluid.

About two ounces of a watery fluid are observed to flow from the spinal canal.

Omentum and mesentery, loaded with fat.

Several small portions of the serous and mucous coats of the ilium are of a red color, and covered with minute florid vessels in the form of a net-work,—colon, distended with flatus.

Left lung,—adherent to the pleura costalis, by membranous bands of long standing; in the superior lobe of this lung there is a considerable degree of redness, and the air-vessels are preternaturally distended.

Right lung,—also adherent to the pleura costalis, cut into, it is found, in some parts to be of a firm fleshy consistence.

Bronchiæ,—lining membrane preternaturally vascular.

Pericardium,—contains about two ounces and a half of a watery fluid. Its coats are thicker than natural, and upon its surface are spots of extravasated blood.

Heart,—unusually large, its muscular fibres are pale and flaccid.

OBSERVATIONS.

THE pale and flaccid state of the muscular fibres of the heart, the hydrops pericardii, and the fleshy consistence of a portion of the lungs must necessarily have impeded the free return of blood from the brain, hence the congestion and excitement of this organ, hence the effusion into the ventricles and theca spinalis, and the subsequent coma, loss of voice, motion and power of deglutition.

The thickening of the coats of the pericardium,

the extravasation of blood on its surface, and of a watery fluid into its cavity, show the existence of previous inflammation of this membrane.

The inflammatory appearances detected in the small intestines, may serve to account for the constipation of the bowels, and the pains and uneasiness felt in that quarter.

This may be regarded as a case of chronic pericarditis which existed for years. At its commencement the disease was curable, but neglected at one period, and mismanaged at another, it caused asthmatic paroxysms, and, finally, so great a degree of disorganization of the pericardium was induced as to render life miserable, and a cure impracticable.

CASE XV.

CASE AND DISSECTION.—DISEASED HEART AND LUNGS.

USHER'S-QUAY,
Jan. 11, 1815.

MASTER P——, æt. 5, of a scrofulous habit, labours under cough, dyspnœa, thirst, palpitation and pain of the heart, pulse 120, skin hot and dry, tongue foul, bowels constipated; fæces, dark or olive-colored; has been blooded thrice by Mr. Adams, each time to the amount of six or eight ounces, and with manifest relief; the blood has been buffy, cupped or dense; three blisters have been applied to different parts of the thorax, and aperients and the tepid bath have been prescribed.

P. Jacobi cum Cal. h. s.

H. Cath. cras mane.

En. Purg.

January 12th. Excretions vitiated, dyspnœa, cough, mucous expectoration.

Cont'. Med.

Mist. fœtid. c. Tinct. Opii.

January 16th. Little alleviation of the symptoms, pains in the right hypochondre and epigastrium.

Cont'.

Jan. 22nd. Breathing more oppressed, violent palpitation on making any bodily exertion, constant picking of the nose. About a month before the present illness, was seized, it was supposed, with pneumonia.

Vesic. Lateri sinistro.

Mist. c. Tinct. Digital.

H. Cath. p. r. n.

Feb. 1st. Anasarca more general, urine scanty and lateritious. Orthopnoea, frequent sighing, double breathing, pulse frequent, feeble and intermitting, extremities cold and livid.

Mist. Anodyn.

En. Tereb.

Feb. 2nd. Dead.

Feb. 3rd. Examination by Mr. M'Namara, assisted by Dr. N. Adams.

Thorax,—pleura costalis on both sides, thickened, covered with coagulable lymph, and adherent to the ribs nearly throughout its whole extent.

Lungs,—both lobes adherent to each other and to the diaphragm, no effusion into either cavity.

Cellular tissue of the lungs, distended with air.

Tubercles of various sizes containing purulent matter, are dispersed throughout the substance of both lungs, the left is more diseased than the right.

Pericardium,—thickened, it contains nearly three ounces of serous fluid.

Heart,—right auricle and ventricle enlarged, on its surface is a considerable degree of venous turgescence.

Intestines,—colon, its upper portion is considerably distended with air, about two inches of the sigmoid flexure are so constricted as to allow air to pass with difficulty, but this portion is not disorganized.

Liver,—somewhat larger than natural, spots of a yellowish color appear upon both lobes, cut into, the same color extends a short way into its substance.

Gall-bladder,—distended with yellow bile, its free flow into the duodenum is obstructed by

several enlarged and hardened lymphatic glands, situated in the immediate vicinity of the ductus communis choledochus.

Mezenteric glands, considerably enlarged.

COMMENT.

THE appearances here presented on dissection serve to explain the symptoms observed before death, they show the connexion that subsists between the sign and the morbid change, and point out the mode of treatment, which, under such circumstances, would prove most useful.

A question now arises, why our approved remedies so often fail to cure inflammatory attacks? In reply we may observe, that inflammation is often so violent, or proceeds to such an extent as to depress the energies, or alter the structure of the organ affected, or, effusion may take place in its substance or containing membrane, or, the remedies may not be timely or judiciously administered. Of our remedies, blood-letting is acknowledged to be one of the most efficacious, much uncertainty, however, still prevails with regard to the quantity of blood necessary to be abstracted, and also as to the periods and manner of conducting the operation. In the first place, it is clear, that as soon as the necessity for venesection

tion exists; it should be employed without delay ; and with regard to quantity, I may remark that a morbid action subsists, to cure which it is necessary to make a counter-impression, by changing the condition and mode of acting of the nervous and vascular systems of the parts affected ; and the moment that such a change is effected, no more blood is then to be withdrawn, but, in order to render the benefit procured, permanent, and decisive, it is often necessary immediately after venesection to apply leeches in large numbers to the part affected, and at the same time, and indeed from the onset of the attack to administer such medicines as are found most useful, as emetocathartics, mercurials, opiates, antimonials, the hot bath, blisters, &c. The precise quantity of blood to be abstracted can never be fixed on ; in some cases, four or eight ounces may suffice, in others, double the quantity or more is required, and our object is accomplished when we find a diminution or removal of pain, or of a sense of heat, weight, or oppression of the organ concerned, an effect usually accompanied by a sinking of the pulse, a contraction of the skin and features, a paleness of the face, a faintishness, and a cold clammy perspiration ; and in order to facilitate this change with the least possible loss of blood, the patient should be placed in an erect posture, and the blood withdrawn from a large orifice.

CASE XVI.

CASE AND DISSECTION.—CHRONIC INFLAMMATION
OF THE HEART AND PERICARDIUM, EFFUSION,
ETC.

FISHAMBLE-STREET,
Oct. 28, 1816.

Mrs. B., æt. 34, of a sanguine temperament, complains of violent palpitation of the heart, of a sense of weight and oppression in the chest, of dyspnœa on the slightest motion of the body, and of weaknesses and pains in the dorsal vertebræ; pulse feeble, irregular and intermitting; skin cool; tongue moist; countenance pale; features constricted; restlessness; nausea; loss of appetite; emaciation; constipation of the bowels; has taken digitalis, aperients, and other remedies.

Ascribes her illness to anxiety of mind, caused by repeated disappointments; has been confined to bed for six weeks; during the last eleven years has been subject to palpitation; has four healthy children; her mother is subject to asthma and palpitation of the heart.

Vesic. Sterno.

Pil. ex Cal. et Ex. Col. C.

Oct. 29th. Two dejections dark-coloured;

urine turbid ; frequent vomiting ; hectic fever ; faintishness ; lies with most ease on the right side ; no rest.

Hab^t. Ext. Opii Aquos. granum.

Bis quotidie.

Rep^t. Pil. Cath.

Oct. 30th. Some rest from the opiate ; oppression and palpitation abated ; nausea and vomiting less frequent.

Cont^t. Pil. Cath. et Opii.

Nov. 1st. Says she is relieved ; hectic fever ; faeces greenish ; urine lateritious.

Cont^t. Pil.

Haust. Sal. Cath.

Nov. 3rd. Pulse scarcely perceptible ; palpitation and oppression very urgent ; weaknesses.

Cont^t. Pil. Opii.

Mist. Camphor.

Nov. 5th. Chilliness, and cold clammy perspirations ; faintishness more frequent ; relieved by the anodyne.

Nov. 7th. Frequent vomiting ; features collapsed ; pulse indistinct ; breathing eased by the opiate ; is able to lie in the horizontal position.

Nov. 8th. Dead.

Dissection by Mr. M'Namara and assistant.

Lungs,—adhesion between the pleura pulmonalis and costalis on the right side ; substance natural ; in the right cavity is found about a pint of serous fluid.

Pericardium,—contains four ounces of serum.

Heart,—Twice its usual size ; its pericardial membrane is thickened.

Right auricle,—nearly twice its natural size ; the opening of the coronary vein is so enlarged as to admit the end of the little finger.

Right ventricle,—enlarged considerably ; tricuspidal valves healthy, but not proportioned to the enlargement of the cavities.

Left auricle,—dilated to thrice its usual size.

Left ventricle,—proportionably enlarged.

Mitral valve,—thickened, tuberculated, and shortened, so as to give the opening from the au-

ricle into the ventricle a triangular appearance, and to be nearly incapable of preventing the reflux of blood from the ventricle into the auricle.

In the semi-lunar valves of the aorta the same disease can be traced, but not to the same extent.

Liver,—both lobes considerably enlarged; cut into, gorged with blood.

Spleen,—on its edge is a tubercle, of the size of a small bean.

COMMENT.

THIS was a case of chronic inflammation of the heart and pericardium, which gave rise to effusion, and finally caused the death of the patient; for several years it was considered a nervous complaint, and the remedies prescribed were bark, camphor, valerian and the different preparations of steel; wine, cordials, and a full diet. It is scarcely necessary to add, that such a mode of treatment was highly injurious, calculated, not only to aggravate the disease of the heart, but to induce disordered actions of the liver and the other digestive organs.

Opiates and cathartics were administered with some advantage; the former procured rest and a mitigation of pain and oppression; the latter emptied the alimentary canal, checked the vomiting, and served to promote appetite. In some cases like the present, I have witnessed temporary good effects from large doses of the supertartrate of potass.

CASE XVII.

CASE AND DISSECTION.—ENLARGEMENT OF THE
HEART, DROPSICAL EFFUSIONS, ETC.

SOUTH FREDERICK-STREET,

Jan. 27, 1814.

MR. B——, æt. 34, labours under the following symptoms; dyspnœa, palpitation, pain in the left side, cough, gross yellow expectoration, anasarca of the lower extremities, bad appetite, disturbed rest and great prostration of strength; ill several weeks; during the last six years has been subject to asthma; Dr. Percival and Dr. Leahy have prescribed for this patient a variety of medicines, and latterly mercury, on the ground that the liver was diseased.

Vesic. Sterno.

H. Cath. cum Tinct. Jalapæ et supertartrate Potassæ.

Jan. 28th. Pulse 114, hard and irregular, skin hot, tongue foul and yellow, sense of fulness and weight in the epigastrium, urine scanty and lateritious, fæces, dark-colored.

In consultation with Dr. Cheyne.

Pil. Scillæ. H. Anodyn. c. æthere Sulph. p. r. n.

Feb. 1st. Relieved by the draught, anasarca

of the upper extremities, orthopnœa, bowels constipated.

Rep^r. M. Cath. C^r. reliqua.

Feb. 4th. On examination the liver appears to be enlarged; orthopnœa.

Pil. Hyd. c. asafoetida.

Vesic. inter. Scap.

H. Anodyn. p. r. n.

Feb. 10th. Ascites, pulse 124, feeble and irregular, urine scanty and lateritious, fæces yellow and reddish, breathing relieved by the draught.

Cont^r. Omnia.

Feb. 13th. Swellings increased, urine diminished, on being boiled it afforded no coagulum.

Vesic. Lateri sinistro.

Hab^t. Elic^m. ex supertartrate Potassæ.

Feb. 20th. Cough, dyspnœa and palpitation as usual, appetite and strength diminished; nauseates medicine.

Mist. Aromat. cum.

Spir. Junip. C.—

Omitt^r. Alia Med.

Feb. 26th. Very weak.

March 10th. About three pints of a watery fluid are discharged daily from the legs, by the

application of wool and silk-cloth ; breathing more easy.

H. Cath. p. r. n.

March 20th. Vesicles of different sizes appear upon the legs, some dark-colored, others florid, refuses to take medicine.

March 30th. Some of the vesicles are black, others have degenerated into foul ulcers, fever, diarrhœa,—wine.

April 6th. Rejects food.

April 20th. Dead.

Dissection by Mr. Maguire and Mr. Melin. There are large vesicles of a gangrenous appearance upon the inside of both legs, there is one of great magnitude upon the inside of the left thigh, which contains about a quart of a serous fluid.

Liver,—both lobes enlarged and paler than natural, cut into the substance appears natural.

Gall-bladder,—distended with bile of a yellowish green color.

Stomach,—mucous surface, in some parts, especially about the pylorus, highly vascular.

Spleen, soft, large and of a purplish color, on its upper convex surface there is a yellow tubercle of the size of a large pea, of a fatty or curdy appearance.

Lungs,—sound,—considerable and firm adhesions between the pleura pulmonalis and costalis of the left side, few adhesions on the right; six ounces of serous effusion in the left cavity.

Pericardium,—thickened and closely adherent on all sides to the heart.

Heart,—enlarged to twice its usual size, the auricles and ventricles are considerably thickened.

OBSERVATIONS.

THIS was a case of chronic inflammation of the pericardium and heart, which was treated at the onset as a nervous affection, in other words, as a disease of debility, the consequence was, a lesion of structure of this organ which caused a variety of complaints, and finally, the death of the patient, whereas, had the treatment been conducted on different principles, a different result might have been anticipated.

The enlargement of the heart, its adhesion to the pericardium, the serous effusion in the left cavity of the chest, and the adhesions between the pleura pulmonalis and costalis, account for the cough, dyspnœa, palpitation, pain of the side and irregularity of the pulse. Phthisis pulmonalis was supposed to have been present, yet neither ulcer nor tubercle was discoverable in the lungs; the matter expectorated, therefore, must have been a morbid secretion from their lining membranes.

It was also supposed that the liver was schirrous, on dissection however, it was found simply enlarged.

From the appearance of the fæces and urine, it was clear that the secretions of the abdominal viscera were considerably deranged.

To the organic disease of the heart and pericardium, and the consequent impediment to the free circulation of blood through the lungs, may be ascribed the dropsical effusions, and the asthmatic paroxysms.

Cathartics, diuretics and anodynes, procured some alleviation of the urgent symptoms.

When the disease has not so far advanced as to render the employment of remedies altogether useless, the establishment of a drain in the region of the heart has, in a few similar instances, appeared to have been beneficial.

In cases like the present, we should bear in mind that the disease is incurable, and that active or violent remedies must, by debilitating the energies of the stomach, and the nervous system, impair digestion, and lower the vital powers of the constitution. What then, it may be asked, can a physician do? I answer, he may do much good by mitigating the urgent symptoms by the use of mild and appropriate remedies, by abstaining from all exciting causes, by a well regulated diet and exercise, and by a residence in a mild climate.

Under such a mode of treatment life may be preserved for months or years, and even a tolerable portion of health and spirits :—under an opposite mode of treatment, we find oppression, deep anxiety, great suffering, and a premature death.

CASE XVIII.

CASE AND DISSECTION.—ACUTE INFLAMMATION
OF THE HEART AND PERICARDIUM,—DISEASED
LUNGS, ETC.

BOOT-LANE,

July 24, 1826.

MISS R——, æt. 10, of a delicate irritable frame ; labours under cough, dyspnœa, and violent throbbing of the heart, accompanied by pain, præcordial oppression and wheezing ; the expectoration is of a mucous character ; the pulse, from 106 to 130, hard, full and irregular ; there are partial clammy perspirations of the face and chest ; the skin is hot, the complexion sallow ; there is often stupor, and occasionally orthopnœa. General and local blood-letting, blistering, cathartics, diuretics, and other remedies have been recommended by Dr. Mollan, from which temporary ease has been obtained. This complaint commenced ten days ago, and was occasioned by violent exercise and subsequent exposure to a stream of cold air.

During the last three years this child has been subject to inflammatory attacks of the chest,

which have yielded to depletion, the application of blisters and the use of aperients.

Hirud. xx. Regioni Cordis.

Pil. Hyd. cum P. Jacobi et

Ext. Col. C.

July 26th. Relieved ; bowels free.

Cont^r. Pilulæ.

July 28th. Palpitation and pain of the heart ; orthopnoea ; pulse tense, frequent and irregular ; skin hot ; tongue moist and white.

V. S. 3viij.

Vesic. Lateri sinistro.

Pil. ex Cel. c. Opio.

July 30th. Symptoms less urgent ; œdema of the face and legs.

Contr. Pilulæ.

Aug. 1st. Return of the painful and oppressing symptoms.

Pil. ex. Opio et Cal. cum Scilla.

Aug. 3rd. Some amendment ; calls for food ; sent to the country.

Aug. 10th. Relapsed ; sent home ; orthop-

noea ; præcordial oppression ; pain and palpitation of the heart.

Hirud. xij. Regioni Cordis.

Rep. Pilulæ.

Aug. 11th. Temporary ease from the application of the leeches ; coma.

Vesicæ. Regioni Cordis.

Aug. 12th. Extremities cold and livid.

Aug. 13th. Death.

Dissection by Mr. Hugh Carmichael and Dr. Mollan.

There is a quantity of air in the integuments of the upper part of the thorax.

Considerable adhesions between the pleura pulmonalis and costalis on both sides of the chest ; those on the left are of long standing.

Half a pint of serous fluid in the right cavity of the chest.

Substance of the right lung, gorged with blood.

Heart,—its entire surface is covered with a thick layer of coagulable lymph, under which it is found turgid and inflamed.

Between the heart and pericardium are several adhesions ; some portions of the pericardium are highly inflamed.

Liver,—gorged with blood.

COMMENTARY.

THIS case gives rise to two remarks ; the first is, that the young and delicate are susceptible of acute inflammatory attacks ; this is proved by the history of the complaint, by adhesions between the pleura, and by the inflammatory appearance and adhesion of the heart and pericardium ;—the second remark is, that at the commencement of such attacks prompt and decisive measures are required, even in the young, the delicate and the irritable.

And, it is not enough to diminish the violence of the symptoms, we must subdue them, if not, death ensues, or a painful lingering convalescence : it is not sufficient to say, I have bled and blis-

tered the patient once, twice, or even thrice ; I have also prescribed such and such remedies, and no more can be done ; why not persevere ? A patient is constipated, and suffers colicky pains ; you order a purgative draught, it produces no effect ; you give a second and a third, no relief follows : is this a reason to consider the case as hopeless ? certainly not ; our duty is to try other remedies, and to persevere in the plan of treatment adopted, until the disease be removed.

Let us not from any idle fears of debility, or in despair of success, cease to employ every measure calculated to cure organic inflammation ; as long as the symptoms continue acute, the constitution will bear the operation of active agents skilfully administered, and never, while the slightest hope of recovery remains, should we abandon our patient.

Of this case I have only further to say, what unhappily may be said of most others of a similar nature, that a physician was not called in before the fourth or fifth day, at which period, effusion and adhesion were going forward ; under such circumstances, of what avail are our best remedies, even in the hands of practitioners the most skilful and judicious ?

Having thus detailed and commented on the cases which terminated fatally, and compared the appearances after death with the symptoms that preceded it, I proceed (a far more agreeable task) to show by numerous successful cases, that the views I have been able to take of the diseases of the heart have led to very useful results. I have been emboldened to act with decision and firmness, unhesitatingly to employ evacuants where a weak and irregular pulse, and other symptoms of debility have seemed to forbid their use, because dissection has taught me, that even where these symptoms existed there was obstruction and inflammatory tendency, or actual inflammation, and that any other mode of treatment was either nugatory or destructive.

CASES OF RECOVERY.

CASE I.

ANGINA PECTORIS.

WHITEFRIAR-STREET,

Dec. 7, 1814.

MR. F——, æt. 49, sallow and emaciated ; ten months ago, after an unusual exertion of mind and body, was seized with nausea, accompanied by faintishness, palpitation, and by a feeling, as if a number of sharp points were passing from the sternum to the heart : in this state he continued more than an hour ; on his recovery he complained of a considerable degree of languor, præcordial oppression, sense of tightness in the region of the heart, and a tingling sensation in the left arm.

About four months afterwards he was attacked by a similar paroxysm, which lasted only twelve or fifteen minutes, during which time he was totally insensible.

Of late the paroxysms have become more frequent and violent, they observe no stated periods,

and they continue from a few minutes to two hours ; they are excited by exercise on foot, particularly going up an ascent, by anxiety of mind, constipation, and sometimes by the smoke of a candle, or the dust of a room. The appetite is bad, the rest unrefreshing, the urine variable ; the pulse is feeble, frequent, irregular and intermitting ; there is frequent palpitation, often accompanied by acute fugitive pains of the heart ; at one time there is soreness, at another, pain in the left fore-arm, elbow, or shoulder.

Blisters, aperients, guaiacum, antimonials, and the medicines called nervous, have been administered.

Hirud. xij. Regioni Cordis.

Pil. Hydr. et Ex. Col. C.

Dec. 10th. Temporary ease from the application of the leeches ; fæces brownish ; urine alternately pale and turbid, depositing occasionally a white or yellow sediment ; pain is often felt in the sternum or heart, palpitation frequent, little cough, no expectoration, most easy in the recumbent posture, nausea, flatulence.

Vesic. Regioni Cordis.

Haust. Camphor cum

Tinct. opii. p. r. n.

Dec. 16th. Relieved by the draught and blister; pain, or a sense of oppression or straitness is often felt in the sternum and heart; complains at times of a dull heavy pain in the head or of vertigo; is obliged to observe the recumbent posture; pulse frequent and irregular; skin hot and dry.

Hirud. xij. Regioni Cordis.

Cont^r. Pil. et Haust.

Dec. 28th. Præcordial oppression and pain abated.

C^r. Med.

Vesic. Sterno.

Jan. 26, 1815. A drain has been established in the left side, from which he thinks he has derived some benefit; still the paroxysms return from the usual exciting causes; they differ in their degrees of violence and duration, and they come on by night as well as by day.

Cont^r. Med^a.

Feb. 27th. Of late the use of æther and laudanum has mitigated the violence and duration of the paroxysms; says he is better; pulse frequent and intermitting; bowels free; considerable emaciation; takes flesh-meat in small quantity and a little wine largely diluted.

March 20th. Pale and exhausted, voice weak; lives chiefly on vegetables; finds most ease by observing the recumbent posture; bowels free; urine pale; palpitation; shooting pains, or sense of stricture of the heart on any sudden motion of the body, but when at rest he is free from all painful sensations; skin dry and harsh.

P. Jacobi cum Pil. Hyd. et.

Ex. Col. C.

May 17th. Irregular actions of the heart abated; the paroxysms seldom come on, except when caused by anxiety of mind, or a sudden motion of the body; skin softer.

Cont'. Med^a.

July 21st. Thinks himself relieved by the warmth of the weather; says he has derived considerable benefit from the drain in the region of heart; pulse 80, soft, irregular, and occasionally intermitting; breathing oppressed on going up stairs or walking quickly; paroxysms mild and seldom occur; takes very little flesh-meat or wine.

Sept. 24th. Very spare, pale and feeble, yet his appetite and spirits are tolerable, and he takes car-exercise; pulse more regular; uneasy sensations of the heart diminished; he suffers from the

slightest irregularity in eating or drinking, or from constipation of the bowels.

1816.—May 18th. Passed the winter and spring tolerably well; had but few paroxysms, and these not violent; so sensible is he of the benefit he has derived from the drain in the region of the heart, that he takes care to keep the issue open; pulse varies in strength, frequency and regularity; action of the heart more natural.

1820.—Aug. 24th. Slow amendment; no change of medicine or regimen.

1824.—Feb. 12th This day I met Mr. F. by accident, at Mrs. Partington's, 19, York-street; he is still pale, feeble and emaciated, but enjoys a tolerable portion of health; is better able to walk abroad than usual, and during the last two years has preached and read prayers occasionally; pulse 82, soft and regular; pulsation of the heart moderate; breathing easy; no paroxysm for many months, but often feels a sense of tightness at the sternum, or of weakness, or slight fugitive pains in the region of the heart on making any sudden motion of the body, or unusual exercise of the mind.

OBSERVATIONS.

March, 1824.

THIS was considered by different practitioners a case of angina pectoris; but, the ideas entertained with respect to the nature of the complaint were very dissimilar; by one it was supposed to depend on ossification of the coronary arteries; by another, on a relaxation or paralysis of the muscular fibres of the heart; by a third, on a thickening of the valves; by a fourth practitioner it was ascribed to chronic inflammation: in all such instances we must acknowledge there is ample room for conjecture; I would only observe, from the benefit derived from an abstemious diet, from perfect quietude of mind and body, from mild aperients, the application of leeches, and the long continuance of a drain in the region of the heart, that the disease depended, in part at least, on chronic inflammation. I would further observe, from a consideration of the post-mortem appearances discovered in similar cases, that there was some impediment to the passage of the blood through the heart, owing to a thickening and contraction of its valves; but whatever opinion may be formed as to the precise nature of the disease, the success that attended the mode of treatment

furnishes a valuable and important practical lesson. Yesterday, (Feb. 26, 1828,) I saw Mr. F—— in Camden-street, in better looks, and walking with a firmer step, and at a brisker pace than usual.—When we reflect on the dangerous nature of this complaint, and on the recovery of Mr. F. after an illness of fourteen years; it teaches us never, under any circumstances, however unfavorable, to abandon a patient, or desist from the employment of such means as may possibly prove beneficial.

CASE II.

ACUTE INFLAMMATION OF THE HEART AND LIN-
ING MEMBRANE OF THE STOMACH.

JERVIS-STREET,

Nov. 8, 1820.

Mrs. ———, æt. 36, of a florid complexion and spare habit; subject to asthma and palpitation; five days ago, on exposure to cold and wet, complained of pain and a sense of tightness and fulness in the region of the heart, accompanied by considerable oppression; two days afterwards was seized with shivering and acute pain in the sternum and heart, followed by thirst, constant vomiting and laborious respiration; purgatives, anti-spasmodics, cordials, and fomentations have been prescribed. At present the extremities are cold and the features ghastly; the nose is livid, the pulse irregular, varying from 50 to 56; there is acute burning pain, and a sense of stricture and suffocation in the sternum and heart; there is a perpetual tossing of the legs and arms; the voice is weak, and the articulation difficult.

About an hour ago, ten ounces of blood were abstracted from the arm by order of Dr. Adams;

some relief has been obtained, but the symptoms are still urgent; blood, dense and florid; pulse irregular, from 60 to 70; burning heat in the stomach; incessant vomiting and tossing of the body and extremities.

V. S. §xij.—Hirud. xxxx. Regioni Cordis et epigastrio.

Vesic Serno.

Cal. gr. v.—H. Cath.

En. Tereb.

Nov. 9th. Considerable ease procured by the bleeding from the arm, but still more by the application of the leeches, from the orifices made by which there was a discharge of blood during the greater part of the night; stomach less irritable; pain, oppression, and palpitation abated; pulse 82, regular; skin hot and dry; fæces dark-colored; urine turbid.

Cal. gr. v.—H. Cath.—En. Tereb.

Nov. 10th. Copious feculent discharges; some rest; decided amendment; pulse 80.

Cont. Med.

Nov. 11th. Convalescent.

OBSERVATIONS.

HERE there was acute inflammation of the heart and lining membrane of the stomach, caused by cold in an asthmatic subject, and cured by general and local blood-letting, the use of aperients, &c.

Several of the symptoms deserve particular attention. I would mention the slow, irregular and feeble pulse, the feeling of exhaustion, the haggard paleness of the face, lividity of the nose, and incessant tossing of the arms and body, symptoms, which, on a superficial view of the case, would have been ascribed to debility, and have called for the employment of cordials and stimulants; it is true, debility was present; but Dr. Adams wisely considering it as *indirect*, arising from a high degree of excitement and oppression, ordered venesection; an hour afterwards I met him in consultation, when we agreed on the plan of treatment above stated, which so speedily proved successful.

It is noticed in the case that the blood had a florid appearance, resembling arterial; this I have occasionally observed in inflammation of different organs, but most frequently in that of the heart.

The medicines were procured at the house of Mr. Leech, Parliament-street.

CASE III.

CHRONIC INFLAMMATION OF THE HEART, MISTAKEN FOR A GOUTY OR NERVOUS AFFECTION.

May 12, 1822.

MR. ———, æt. 33, sallow and emaciated, ill three weeks,—complains of pain in the region of the heart, of palpitation, dyspnœa, weaknesses, loss of appetite, strength and rest; pulse hard, irregular, intermitting and frequent, 112 to 120; tongue foul and yellow; bowels constipated; urine high-colored; fugitive pains in the head, shoulders and arms; these symptoms have been regarded by one practitioner as of a gouty character, by another as nervous; and camphor, aromatics, stimulants, cordials and antispasmodics have been unavailingly prescribed. Yesterday Mr. Clifford of George's-street abstracted from the arm ten ounces of blood; this afforded sensible relief, but more was procured by the application of a blister to the side, or from the use of an aperient.

V. S. 3x.—Cal. gr. v.—H. Cath.

May 13th. Considerable ease from the bleeding; blood slightly buffed; dyspnœa, pain and

palpitation of the heart diminished ; bowels free ;
urine turbid.

Hirud. xvj. Lateri Sinistro.
Cont^r. Med.

May 15th. Violence of the symptoms abated,
but the disease continues ; pulse strong, irregular
and intermitting ; bowels free.

V. S. 3vij. Cr. Med.
Tinct. Digital. gutt. x. bis quotidie.

May 16th. The bleeding always affords
manifest relief ; blood exhibits the inflammatory
appearance ; pulse more natural.

Cont^r. Med.

May 19th. Fugitive pains in the region of
the heart ; occasionally, dyspnœa and palpitation.

Hirud. xij.—Regioni Cordis.

May 20th. Some amendment.

Omitt^r. Digital.
P. Jacobi et Nitras Kali.
H. Cath. p. r. n.

May 25th. Considerably better.

May 28th. Convalescent.

OBSERVATIONS.

It may truly be said, from a review of the cases and dissections here detailed, that inflammation of the heart is a common, and often an obscure disease; that it may exist days, weeks, or months without being fully developed, and even at a late period may be cured, and the organ restored to its healthy functions by proper remedies and a judicious regimen.

It is often mistaken for gouty, nervous, or rheumatic affections, and various and opposite remedies are prescribed according to the different views entertained by physicians of these complaints; hence the cause of the present remarkable prevalence of organic disease of the heart. Mr. Clifford, unbiassed by theory, prescribed for the symptoms, and he succeeded in mitigating the violence of the attack: the success that attended the subsequent mode of treatment proves that the disorder was of an inflammatory character.

CASE IV.

REMITTENT INFLAMMATION OF THE HEART.

DENMARK-STREET,

Feb. 20, 1823.

MR. M——, æt. 42, of a plethoric habit; addicted to intemperance; ill ten days; complains of pain, palpitation, and a sense of weight in the heart; of a dull pain in the head; of languor, loss of appetite and rest, and lowness of spirits; pulse weak, irregular and intermitting, 65 to 70; skin cool and constricted; tongue whitish; body constipated: the affection of the heart and head varies in its degree of violence; sometimes it is accompanied by weaknesses or faintishness of ten minutes duration, and, it is often preceded by shivering or a sense of coldness in the back, and followed by cold clammy partial perspirations: different medicines called nervous have been prescribed.

V. S. 3x.—M. Cath. c. Ant. Tart.

Feb. 21st. Head and heart relieved by the bleeding; blood slightly buffed and cupped; skin

of a more natural warmth ; pulse more frequent and regular ; fæces yellow ; urine high-colored.

Ext. col. C. et P. Jacobi.

Haust. Salin.

Feb. 22nd. Frequent returns of weaknesses, accompanied by palpitation, pains, and a sense of weight in the heart ; he says, “ a painful heavy draw in the heart ; ” at times, vertigo ; skin cool and constricted ; pulse weak, irregular and intermitting, 68, 75 ; restlessness ; no appetite.

V. S. 3xij.—Cont^r. Ex. Col. C. c. P. Jacobi.

Feb. 23rd. Considerable ease from the bleeding ; blood dense ; heart and head relieved ; pulse 80, 85, regular ; skin soft and warm.

Cont^r. Pulæ.

Feb. 24th. Occasionally some return of the affection of the heart attended by weaknesses and chilliness or heats.

Vesic^m. Lateri sinistro.

Cont^r. Pil.

Feb. 26th. Last night, pain and palpitation of the heart came on, accompanied by faintishness ; a weak, feeble, intermitting pulse and coldness of the surface ; his friends, alarmed, gave him mulled wine and cordials, from which he experienced some relief ; 3x. of blood were sub-

sequently abstracted from the arm ; the pain and palpitation of the heart then abated ; the pulse again became regular and more frequent, and the skin soft and warm.

Cont^d. Pilulæ.

Feb. 28th. No return of the complaint.

Cont^d. Med.

March 3rd. Convalescent.

The medicines were procured at the house of Mr. Daly, Henry-street.

OBSERVATIONS.

THE disease of the heart, in this instance, assumed a remittent type, and was accompanied in its early stage by an affection of the head ; the exacerbations were more strongly marked than usual, and were accompanied by faintishness, a slow, weak, irregular and intermitting pulse ; a coldness of the surface, and cold clammy perspiration ; under such circumstances, wine, ammonia or other cordials may be given with safety, and when re-action takes place, blood may be withdrawn if necessary ; in some such cases I

have administered cordials and abstracted blood at the same time, and with manifest advantage.

As soon as the heart was relieved, its inordinate actions subsided, and the circulation became equalized ; hence the improved state of the pulse, and the softness and moisture of the skin after depletion.

In the treatment of this case I had the advice of my dear and valuable friend the late Doctor Harrold.

CASE V.

CHRONIC INFLAMMATION OF THE HEART.

LOWER ORMOND-QUAY,

May 16, 1823.

MR.——, æt. 18, sallow and emaciated, has been indisposed for several weeks; says, he has lost his appetite, strength, and spirits, and that there is palpitation and shooting pains of the heart; pulse 112, strong and irregular; tongue moist and white; body open. These symptoms are ascribed to night-watching, fatigue, cold and wet.

V. S. 3viii.—H. Cath.

May 17th. Relieved by the bleeding; blood florid and dense; fæces yellowish; urine turbid; dyspnœa; shooting pains in the shoulders and arms.

Hirud. xij. Regioni Cordis.

P. Jacobi et Cal. aa. gr. ij.

Bis quotidie.

May 20th. Temporary ease obtained by the leeching. Disease continues.

V. S. 3viii.—Cr. Cal. et P. Jacobi.

Haust Cath.

May 23rd. Always experiences ease from the bleeding; symptoms less urgent.

Vesic^m. Lateri sinistro.

Tinct. Digital.

Gutt. x. bis quotidie.

May 24th. No relief from the blister; says he is better; disorder continues.

V. S. 3viij.

Cr. Tinct. Dig.

May 30th. Thinks himself so much better that he wishes to return to business; pulse 82, regular; no pain in the heart, but any sudden motion of the body, or violent exercise, brings on dyspnœa and palpitation.

A low regimen was prescribed, and he returned to business. On the 20th of July following he was attacked with headach, pain in the back, shivering, and the usual symptoms of œphalic fever, for the cure of which blood was twice taken from the arm, in large quantity, by Mr. Hughes, Ormond-quay, and the anti-inflammatory treatment was strictly observed.

At the end of a week the fever terminated, and what is remarkable, likewise the disease of the heart, to returns of which he was previously

subject on exposure to the common exciting causes.

This case is interesting and instructive ; it shows that the complaint was of an inflammatory character, and that depletory measures had not in the first instance been employed with sufficient promptitude and decision ; it also shows that inflammation of the heart may exist for a considerable length of time, and yet finally yield to active anti-inflammatory measures.

Mr. M'Namara visited this patient with me, and the medicines were procured at the house of Mr. Hughes, Ormond-quay.

CASE VI.

INFLAMMATION OF THE HEART,—SYMPTOMS ASCRIBED TO NERVOUS DEBILITY AND IRRITABILITY.

HOTEL, EXCHEQUER-STREET,
April, 2, 1821.

MR. G——, æt. 20, complains of violent palpitation of the heart, and of shooting pains in the sternum and left side, accompanied, at times, by a feeling of weakness, by vertigo and dyspnœa; pulse 120, full and hard, communicating to the finger a sensation similar to that caused by a vibrating chord; epigastric pulsation considerable; sense of heat and pain in the epigastrium augmented by pressure; digestion imperfect. About three years ago this young gentleman fell off his horse while hunting, in consequence of which he was stunned and severely bruised; a year afterwards he received the kick of a horse in the breast, from the effects of which he never perfectly recovered: fond of coursing, he has been in the habit of taking violent exercise on foot, which gives rise to palpitation, dyspnœa, and shooting pains in the heart; during the last three months he has become sallow, weak and emaciated.

V. S. 3x.—Ext. Col. C. et Pil. Hyd.

April 6th. Relieved by the bleeding ; blood dense ; fæces greenish and tar-colored ; urine lateritious ; palpitation as before ; pain in the sternum and left side returns occasionally ; pulse less frequent ; no return of weakness.

Hirud. xij. Lateri sinistro
Cont'. Pil.—H. Amar.
Low diet.

April 9th. Temporary ease from the application of the leeches ; fæces yellow and greenish ; urine lateritious ; pain on pressing the epigastrium ; slight returns of weakness ; pulse 116.

Vesic. Regioni Epigastr.
Cont'. Med.

April 12th. Palpitation abated ; pain in the sternum continues ; pulse 112, hard and irregular.

Hirud. xij. sterno.
Cont'. Med^a.

April 16th. Considerable palpitation ; pulse frequent, strong, irregular and intermitting ; skin hot ; tongue foul and yellowish ; thirst ; bad appetite.

V. S. 3xij. H. Cath.

April 19th. Sensible relief from the bleed-

ing ; pain and palpitation abated ; pulse more natural ; excretions morbid ; hiccup.

H. Cath. ex Scam. Infuso Sennæ
et Sulphate Magnesiæ.

April 23rd. Better rest and appetite ; tongue cleaner ; hiccup relieved by a mixture of peppermint-water, magnesia, and volatile aromatic spirit.

Mr. Kirby in consultation.

Pil. Hyd.
Haust. Cath.

April 26th. Pain in the side and sternum ; pulse 112, strong and irregular ; skin hot ; tongue foul ; palpitation violent.

V. S. $\frac{3}{4}$ x. Cr. Pil. et Haust.

April 30th. Violence of the symptoms abated ; slight pain in the sternum.

Vesic. Sterno.—Cr. Med.

May 4th. Gradual amendment.

Cont'. Pil. et Haust.

May 8th. Pain on pressing the epigastrium.

Vesic. Regioni Epigast.

Cont'. Med.

May 13th. Digestive organs continue disordered.

Cr. Pil. Hyd. et H.
Cath.—Mist. Amar.

May 17th. Slight return of the cardiac symptoms, in consequence of violent exercise, and some irregularity in diet.

Cont'. Med.
Low diet.

May 29th. No return of pain in the side or sternum, but the palpitation and dyspnoea return on any unusual exercise of the body; tongue cleaner; appetite improved; pulse 96, softer.

Cont'. Med.

In June, 1822, this young gentleman, while at his father's house, Rathfarnham, laboured under a violent attack of cephalic fever, for the cure of which, he was blooded by Mr. M'Alpin, Suffolk-street, and twice, afterwards, by my directions, such was the violence of the symptoms. About 40 ounces of blood were taken from the arm, the usual anti-inflammatory medicines were prescribed, and on the 8th day of the attack he was convalescent. The most remarkable feature in the history of this case is, that the disorder of the heart, now for the first time, com-

pletely subsided, and has not since returned. (February 1827.) It may be proper further to observe, that previously to the adoption of the sedative plan of treatment here detailed, the complaint was ascribed to nervous debility and irritability, and a trial was made of bark, camphor, valerian, a full diet, and the cold bath, remedies, obviously calculated to aggravate the disorder. Such are the bad effects of a theory unsupported by fact and reason ;—how necessary, yet how difficult a task it is, to discard from the mind, a portion of the learning acquired at schools and universities, as useless or mischievous.

CASE VII.

DISEASE OF THE HEART AND LUNGS.

COUNTY KILDARE,

July 17, 1826.

MISS D——, æt. 19, sallow and emaciated, during the last four months has been subject to palpitation and fugitive pains in the heart and left side, accompanied by a dry cough and asthma, and occasionally by vertigo, faintishness and præcordial oppression; these symptoms are increased on going up an ascent, by any sudden motion of the body or anxiety of mind; she is, moreover, subject to hysteria;—catamenia deficient and irregular in their appearance; pulse 108, strong, and at times, intermitting; skin constricted, yet, feels hot on pressure; bad appetite; tongue whitish; thirst; restlessness; body costive; urine turbid; lies with most ease on the left side. Trial has been made of several remedies, of chalybeates, aloetic purgatives, bark, camphor, valerian, castor and æther, and a generous diet and wine have been recommended.

Hirud. xxiv. Regioni Cordis.

Pil. Hydr. gr. v. omni nocte.

H. Cath. cras mane.

Low diet.

July 19th. Relieved by the application of the leeches; fæces dark-colored; urine turbid; cough unattended by expectoration; tongue yellowish;—asthmatic paroxysms.

Hirud. xx. Regioni Cordis.

C^r. pil. Hyd. et Haust.

H. anodyn. p. r. n.

July 21st. Pain and palpitation of the heart abated; pulse 98, more natural; skin soft, and of a moderate temperature; thirst abated; some return of the hysterical symptoms; excretions morbid in appearance.

Pil. Hyd. c. P. Jacobi.

Haust. Cath.

Vesic^m. Regioni Cordis.

July 23rd. Asthmatic attacks relieved by the anodyne.

Cont^r. Med.

July 26th. Affection of the heart still continues though much diminished.

Hirud. xij. Regioni Cordis.

C^r. Pil. et Haust.

July 30th. Better appetite and looks.

Vesic. regioni Cordis.

C^r. Pil. et Haust.

Aug. 3rd. Able to walk with more ease than

formerly ; respiration less oppressed ; palpitation, pain, and heat of the heart considerably abated.

Hirud. xij. Regioni Cordis.

C^r. pil. et haust.

Aug. 12th. Calls for chicken.

Aug. 22nd. Able to walk up stairs without exciting pain or oppression of the heart, but not without some degree of palpitation, and asthma ; gums tender ; anxious to return to the country.*

Sep. 4th. Gaining flesh and strength ; takes dandelion juice and goat's whey ; no appearance of the catamenia ; on violent exercise and exposure to cold, had a return of the painful sensations

* I am not acquainted with any medicine so effectual as opium (the watery extract) in relieving asthmatic paroxysms, dyspnoea, and intermittent convulsive affections of the trachea, oesophagus, diaphragm or stomach ;—and when I reflect on my own case, and the relief it affords me, from sensations the most distressing ; that it does not disturb the functions of the brain or stomach, nor check expectoration ; I may, with truth, say, it deserves a high place in the short list of remedies which can properly be called useful :—this medicine appears to act thus beneficially by its sedative influence over the phrenic and pneumo-gastric nerves ;—and, to the same influence exercised over the same nerves, may be ascribed the ease obtained by the use of æther or hartshorn, by smoking stramonium and by the application of anodyne or stimulating liniments, blisters or fomentations to the thorax and abdomen.

of the heart, accompanied by cough and fever, which were removed by the application of leeches, a low diet, rest, and the use of aperients.

The medicines were procured at the house of Mr. Delany, Thomas-street.

Oct. 6th. Catamenia appeared last week ; is thin, pale and delicate, and subject to palpitation and a teasing dry cough on sudden vicissitudes of the weather, or exposure to a cold moist atmosphere.

COMMENT.

Oct. 1826.

THIS was a case of chronic inflammation of the heart, accompanied by indigestion, amenorrhœa, hysteria, and I fear, by some latent disorder of the lungs which may hereafter terminate unfavorably.

As the heart was the organ principally engaged, my first efforts were directed to its relief ; the affection, as may be seen from a perusal of the case, was obstinate and difficult of cure ; medicines calculated to improve the condition of the abdominal and cutaneous secretions were advantageously administered, and then a marked improvement took place in the actions of the heart ; moreover, the hysterical symptoms which, when

this patient was under a tonic and anti-spasmodic plan of treatment, were frequent and violent, now gradually subsided ; after a stay of some months in the country, and a return of comparative health and strength, the catamenia were restored ;—the dandelion juice may have contributed, in some measure, to the restoration of this secretion. I consider it, at least, in such instances, a safe, and have often found it a valuable remedy.

On inquiry, (March 1828,) I heard that this young lady died last winter in the country, of pulmonary consumption, in consequence of exposure to wet and cold ; an event, not sufficient to excite surprise when we take a review of the history and circumstances of the case. I would mention, the dry teasing cough ; the extenuated frame ; the delicate, pale and constricted features, and the susceptibility to catch cold on every vicissitude of the weather, or exposure to a moist atmosphere, all which were observable after the removal of the disease of the heart.

Perhaps, the idea that now arises in the mind of the reader is, that this patient might probably have recovered, had a more judicious mode of treatment been adopted at the commencement of her illness.

CASE VIII.

INFLAMMATION OF THE HEART, SUPPOSED TO BE
A NERVOUS AFFECTION.

Feb. 10, 1827.

MISS ———, æt. 14, complains of faintishness and a sense of sinking, of palpitation, præcordial oppression, and at times, of pain and heat in the region of the heart;—skin cool and constricted; face pale; expression of countenance anxious; pulse 102, irregular, intermitting and compressible; respiration laborious; cannot lie in the horizontal position; restlessness; tongue foul; bowels constipated; the attack is ascribed to cold and wet; six days confined to her bed and chamber; aperients, digitalis, and the medicines called nervous and antispasmodic, have been administered.

About a month ago was seized with a bilious fever, accompanied by rheumatic pains in the muscles and joints, from which she recovered in a few days by the use of laxatives, mercurials, and antimonials.

Hirud. xxx. Regioni Cordis.

Pil. Hydr. gr. x. h. s.

H. Cath. ex. Infuso Sennæ et

Sulphate Magnesiae cras mane.

Low diet.

Feb. 11th. Considerable ease from the application of the leeches; the discharge from the orifices continued four or five hours; temperature of the skin more equable and natural; breathing relieved; expression of countenance less anxious; throb of the heart not so quick or hard; pulse more regular and not intermitting; three dejections greenish; urine lateritious and scanty; still there is throbbing, pain, heat and uneasiness of the heart.

V. S. 3 viij.

Pil. Hydr. gr. iij. c. P. Jacobi.

Gr. ij.—3iis. horis.

Haust. Cath. cras mane.

Feb. 12th. Blood buffed; great relief from the bleeding; is able to lie in the horizontal position; no return of the faintishness; two dejections of a dark green; urine turbid; some rest.

Hirud. xxiv. Regioni Cordis.

Cont. Pil. ut heri.

H. Cath. cras mane.

Feb. 13th. The painful and distressing sensations in the region of the heart are gradually subsiding; excretions morbid.

Cont. pil. et haust.

Feb. 14th. Gradual amendment; says she

occasionally feels some uneasy nervous sensations and palpitation of the heart; pulse 92, strong, but regular, skin hot and dry.

Hirud. xij. Regioni Cordis.

Rep'. pil. et haust.

Feb. 15th. Better in every respect; skin moist and warm; appetite.

Cr. Pil. et H. Cath.

Feb. 21st. Convalescent.

This young lady is the daughter of a highly respectable physician, and the medicines were procured at the house of Mr. Kennedy, Capel-street.

OBSERVATIONS.

THE various symptoms here detailed were ascribed, at the onset, to nervous debility and irritability of the heart; the plan of treatment adopted was, consequently, tonic and antispasmodic, and with a view to allay the heart's inordinate actions, recourse was had to digitalis; it must be acknowledged, indeed, that the faintishness, sense of sinking, palpitation, coldness of the surface, and bad state of the pulse were sufficient to excite

alarm and countenance the idea of debility ; but these were merely secondary symptoms, the effect of over-excitement, while others, less urgent, were primary and characteristic : as the pain, the sense of burning heat, and the quick and hard throb of the heart, the dyspnœa, and the difficulty of remaining in the horizontal position ; moreover, the rheumatic pains, under which this patient had previously laboured, deserve to be taken into account in forming our diagnosis ; for I have observed that inflammation of the heart often accompanies, and occasionally supervenes to rheumatic attacks.

This case is valuable and interesting ; it shows the equivocal nature of some of the incipient symptoms of the complaint, and the necessity that exists of removing those that are essential or primary ; it also shows that in doubtful cases cordials and stimulants should be cautiously administered, and if they fail to produce the expected relief, the physician may suspect he has taken an erroneous view of the disease, and should, without delay, adopt an opposite mode of treatment. I have now only further to remark, that in the majority of cases of diseased heart that have fallen under my observation, the functions of the liver have been considerably deranged ; such derange-

ment, by interrupting the digestive process, necessarily retards the progress of recovery; the importance, therefore, of directing our attention to the state of this organ, and of correcting its morbid secretions, will appear obvious to every practitioner.

If it be now asked, how comes it to pass, that in the course of this work no extracts have been made from the writings of such celebrated pathologists as Morgagni, Baillie, Corvisart, &c.? The reply is, the writings of these eminent persons are in the hands of every student, and many are of opinion, that extracts tend rather to confuse the reader than illustrate or confirm the views of the author, and frequently render a work too voluminous; besides, such a plan would have been foreign to the purpose of the present undertaking, which was, to give solely the result of my own observation and experience, and to submit it, with all its faults to the judgment and candor of the public: to this purpose I have steadily adhered; I have consulted only the book of nature, that pure and fertile source of all that is useful, and of all that is beautiful and great.

CONCLUSION.

I HAVE now concluded a second series of cases comprising the disorders of the thoracic viscera, and have proceeded thus far to redeem the pledge I have given in my former Essay. It has still been my earnest endeavour to disclose the real nature of disease ;—I have traced by dissection the changes it produced in the body, and compared them with the symptoms which led to the extinction of life. I have next considered how far my views of the complaint corresponded with these morbid changes, whether the treatment I adopted was the best calculated to arrest their progress ; whether the disease, when it came under my care, had attained such a height, that no remedies could have subdued it, in which case I have looked back to its previous history, with a view of ascertaining whether a prompt and active employment of remedies might not, in its earlier stages, have checked its advance, and prevented organic and fatal derangement.

Thus consulting nature, I endeavoured to form by induction, rules for the guidance of the physician, such as might give steadiness to his practice, and render his views enlarged and philosophical.



